

Royal Oldham Hospital - Fall/Syncope & Bone Health Clinic

Dr R J Parikh
Consultant Geriatric Medicine & Falls

Email to: *fallsservice@nca.nhs.uk*

Date/time:

Ward/Sender's location:

Referring clinician:

Consultant:

NHS No:

Surname:

First Name:

Address:

DOB:

Contact No:

OR HOSPITAL STICKER

If had surgery Date and type of surgery:

Date of Admission:

Date of Discharge:

Discharge Destination:

Reason for referral

PMH

Base line Functional and Cognitive status/Social hx

Results and other actions required:

Investigation Requested/pending

Signature/GMC