Care Home Testing Referral Form - LA Referrals

INSTRUCTIONS

All Referrals should be signed off and completed in the name of the local Director of Public H Please list of care homes in priority order for HIGHEST to LOWEST Completed forms should be emailed to: <u>COVIDCareHomeTestingReferrals@dhsc.gov</u> We the would ask that DPHs report any changes to the priority list/order on a weekly basis b

CQC Location ID	Care Home Name	Street

Date of Referral

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y exception by midday each Friday.

		Total Number of		
	Total Number of	Residents with	Name of Care Home	
Postcode	Residents	Symptoms	Manager	Number of staff

Referrer Name (Name	Referrer		
of Director of Public	Organisation (Local		
Health)	Authority)	Referrer Job Title	Telephone
		Director of Public Health	
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Email Address	