

## Older Peoples Assessment Service (OPAS)

### Referral form

Email to [opas@nnuh.nhs.uk](mailto:opas@nnuh.nhs.uk)

Older Peoples Assessment Service  
Outpatients East, Level 3  
Norfolk & Norwich University  
Hospital  
Colney Lane  
Norwich, NR4 7UZ

#### 1. Patient Information:

Patient Name:	Date of Birth:
Address:	Hosp. No:
	NHS No:
Patient Tel:	Ethnic Origin:
Referring GP:	Date of Referral
Surgery Address:	GP Signature
	Surgery Tel No:

#### 2. Referral Criteria:

The following criteria must be fulfilled otherwise referrals will not be accepted for OPAS

- Is the patient 70 or above
- Please confirm Parkinson's NOT suspected
- Please confirm TIA/Stroke NOT suspected

Reason for referral please state below

#### 3. Any other relevant information:

Past Medical History

Current Medications

Any known Allergies?