

## 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
<input type="checkbox"/> Is the patient 70 or above <input type="checkbox"/> Please confirm Parkinson's NOT suspected <input type="checkbox"/> Please confirm TIA/Stroke NOT suspected
Clinical Frailty Score (Rockwood):
Reason for referral please state below

  

3. Any other relevant information:
Past Medical History
Current Medications
Any known Allergies?