**NHS Continuing Healthcare**

**Fast track request form for increase to Package of care / additional equipment**

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| --- | --- | --- | --- |
| Date / Time |  | | |
| Patient Name: |  | DOB |  |
| Caretrack ID |  | NHS no. |  |
| Address: |  | | |
| Home/Mobile Phone Number |  | Date Fast Track Agreed: |  |
| Name of  Assessing Nurse/OT: |  | Nurse/OT Contact Details: |  |
| Name of  Care Provider: |  | | |
| Present Package  of Care:  (How many visits, length of visits, how many carers per visit) |  | | |
| Significant Clinical Changes and rationale requiring increase in POC or additional equipment: |  | | |
| Required Increase for new Package of Care / description of new equipment required including Millbrook catalogue number: |  | | |

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| Ratified by: |  | Signed: |  |