

Client Flow Team: Hospital Case #27

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Client details	
Name: Sherryl Halvorson	
Date of birth: 09/05/1985	
NHS number: 943-476-5919	MRN number: ullam
OPAS ID: 27	Gender: Female
Address: 5336 Maggio Meadows, Apt. 807, Suite 573, Marloside, AI10 9JA	
Phone: 095 4221409 / 03156 5890851	Email: sherryl_halvorson@example.com
GP: Berge Inc (VI6), saepe	
Next of kin: Et sunt excepturi ipsa nostrum incidunt natus eos possimus.	
Relevant medical history: Omnis praesentium doloribus facere animi nobis odit dolorem.	
Mobility issues: Officiis voluptatem similique consequuntur harum.	
Memory issues: Diagnosed dementia	
Existing package of care: Assumenda laboriosam corporis minima cupiditate consequatur modi incidunt.	
Living arrangements: Lives alone but has support from Family/friends/neighbours. Provident qui assumenda molestias soluta pariaturn accusantium.	

Admission reason
Dignissimos veniam ad exercitationem molestias.

Referrals
21/05/2024: Referred by Deedee Witting, deedee_witting@example.com, 04160 3133036, source: Reception, Frailty Intervention Team (FIT), Discharge team

Hospital case details	
Hospital: jr	
Seen in hospital by: Herminia Lang	
Has pendant alarm? Yes	Has key safe? No
Digital support required? Tech Buddy referral needed	
Financial Entitlements: Would like other entitlements check	

Support required post discharge: Good Neighbour Scheme, e.g. Transport, Befriending, Shopping, Prescription collection, Let family/neighbours know, Social support, confidence building, Physical activity, e.g. Move Together, Generation games

Follow up needed?

Office tasks: Pendant Alarm

Actions taken: ,

Discharge destination/date: ,

Notes

Enim molestiae magni est cupiditate numquam doloremque ullam.

Added by: Herminia Lang, August 29, 2024 14:27