Adult with epilepsy and missed appointments: referral

This is original independent practice material. Assume that today's date is 6 November 2026. Mr Kort has been reviewed at his supported accommodation today. Allow 45 minutes: five minutes for reading and 40 minutes for writing. You are a registered nurse providing outreach care to adults in supported accommodation. Using the case notes, write a referral letter to Ms Mary Kruns, Community Learning-Disability Nurse, requesting accessible appointment support for Mr Christof Kort while respecting his consent preferences and involvement in decisions. Address the letter to Ms Mary Kruns, Community Learning-Disability Nurse, Community Learning Disability Service, 24 High Street, SW1P 2AA, United Kingdom. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Mr Christof Kort	☐	☐	☐
2. DOB: 12/03/1991 (35 yrs)	☐	☐	☐
3. Address: Flat 2, 8 Park Road, SW1P 2AA, UK	☐	☐	☐
4. Outreach nursing review at home: 06/11/26	☐	☐	☐
Social background			
5. Supported accommodation; own flat, support staff available daily	☐	☐	☐
6. Independent washing/dressing; charity-shop work twice weekly	☐	☐	☐
7. Enjoys model trains; recently bought a railway magazine	☐	☐	☐
8. Sister privately complained staff were 'useless at organising anything'	☐	☐	☐
Medical history			
9. Mild learning disability diagnosed in childhood	☐	☐	☐
10. Epilepsy since adolescence; prescribed antiseizure treatment unchanged	☐	☐	☐
11. No seizures reported for 9/12; no current illness	☐	☐	☐
12. Staff supervise regular medication; no missed doses recorded	☐	☐	☐
13. Tonsillectomy aged 7; uncomplicated recovery	☐	☐	☐
Assessment/visit notes			
14. Missed neurology reviews: 14/08/26 and 23/10/26; wants to attend	☐	☐	☐
15. Standard letters difficult: confused appointment date with letter date	☐	☐	☐
16. No reminder or transport booked for either missed appointment	☐	☐	☐
17. Understands short spoken explanations + pictures; needs extra processing time	☐	☐	☐
18. Explained referral purpose/options back accurately; chose support himself	☐	☐	☐
Assessment/visit notes			
19. No concerns about capacity for this referral decision at today's review	☐	☐	☐
20. Prefers direct telephone contact; answers own mobile	☐	☐	☐
Consent and contact preferences			
21. Consents to referral and sharing relevant health information with receiving nurse	☐	☐	☐
22. Permits staff to receive date/time/location only, for reminders and transport	☐	☐	☐
23. No clinical details to staff; no information to family; seek permission before wider sharing	☐	☐	☐
24. Own mobile for contact: 07700 900123	☐	☐	☐
Plan			
25. Request agreed home visit: assess appointment-support needs; develop accessible reminders	☐	☐	☐
26. Liaise with neurology alongside patient: rebook review; request longer appointment	☐	☐	☐
27. Wants chosen staff member to accompany him; consultation initially private	☐	☐	☐
28. Practise checking appointment date/time together; use pictorial reminder	☐	☐	☐
29. GP/neurology retain epilepsy treatment decisions; no medication changes requested	☐	☐	☐
30. Confirm agreed support arrangements to referring nurse after initial visit	☐	☐	☐
Other recorded comments			
31. Complained clinic waiting-room chairs were an 'awful colour'	☐	☐	☐
32. Previous review: enjoyed charity-shop summer outing	☐	☐	☐