

Neurological Rehabilitation Unit Service Referral Form

Date of Referral					
Patient Details					
Surname		Title		Gender	
First Name/s		Date of Birth			
Permanent Address		Telephone			
		Occupation			
		NHS Number			
Current Location (if different)		Preferred First Language			
		Interpreter Required	Y/N		
GP (Name & Address)					
Other services involved inc Care Manager (Name & address)					
Diagnosis					
Reason for Referral- What would you hope our service could achieve?					
Referrer Details					
Name and job title					
Address		Telephone			
		E-mail			

Clinical Information-for In-patients only				
Details of discharge plans made to date				
Current Treatments (surgery, medication, etc)				
Does the patient require medical intervention more frequently than once daily?	Y/N Details:			
Details of specialist equipment e.g. pressure-relieving mattress				
Are the patient's pressure areas intact?	Details:		Waterlow Score	
Does the patient have a tracheostomy?	Date Made		Reason for tracheostomy	
Tube Details				
Tube type e.g. fenestrated, speaking tube	Plastic or metal?	Tube Size	Cuffed/Uncuffed	Deflation Times
Tracheostomy Management				
Humidification needs	Oxygen Needs	Suction frequency	Suction procedure	Dressings used
Does the patient require ventilation?	Please supply full details:			

Level of Disability	
Please state whether the patient is independent in:	
Toilet Use	Y/N Continent Bladder: Y/N Continent Bowels: Y/N
Mobility: transfers	Y/N Details:
Mobility:	Walking: Y/N Stairs?: Y/N Details:
Washing and grooming	Y/N Details:
Bathing	Y/N Details:
Dressing	Y/N Details:
Feeding	Y/N Details:
Please state whether the patient has:	
Communication Difficulties	Y/N Details:
Swallowing difficulties	Y/N Details:
Cognitive Impairment	Y/N Details:
Behaviour that is difficult to manage e.g. verbal or physical aggression	Y/N Details:
Need for high levels of supervision to maintain safety e.g. wandering?	Y/N Details:

Please send completed form to The Neurological Rehabilitation Unit by fax to 01228 814871 or by e-mail to JaneE.Gill@ncuh.nhs.uk

