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**ARTU/BU REFERRAL FORM**

**Specialist Neuro Rehabilitation**

**Please complete all sections of this referral form. Failure to do so will result in the referral being returned to you for completion.**

|  |  |
| --- | --- |
| Patient Name |  |
| GP Postcode |  |
| Date of Referral |  |
| NHS Number |  |
| Unit Number |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick which unit the referral is for.** | | | | | |
| Level 1  ARTU |  | Level 2a  BU |  | MFFT at point of referral |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D-o-B |  | Age |  | Sex |  | Date of Admission |  |

|  |  |
| --- | --- |
| Current Ward |  |
| Current Ward Tel No. |  |
| Current Hospital |  |
| Referring Consultant |  |
| If review required please complete and attach a PCAT |  |

|  |  |
| --- | --- |
| Diagnosis and Injuries |  |
| Trache insitu – Give details |  |
| Past Medical History |  |
| Reason for Admission ARTU/BU |  |

**All referrals should be in writing and emailed to:** [**artu-bu.referrals@nhs.net**](mailto:artu-bu.referrals@nhs.net)

|  |  |
| --- | --- |
| **Unit Contact details** | |
| ARTU - Ward 227  Royal Stoke University Hospital  Newcastle Road  Stoke-on-Trent  ST4 6QG  ARTU Tel No: 01782 671963  Broadfield Unit  Haywood Hospital  High Lane  Stoke-on-Trent  ST6 7AG  Broadfield Unit Tel No: 07929 875738 | Dr A.K. Ball Consultant in Rehabilitation Medicine  Dr C. Bezzina Consultant in Rehabilitation Medicine  Dr A. Singh Consultant in Rehabilitation Medicine  Emma Lee-Bradbury Specialist Rehabilitation  Co-ordinator |

For office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Logged |  | | |
| Date Assessed |  | | |
| Decision | Accepted | Declined | Review |
| Waiting list Date |  | | |