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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 1ARTU |  | Level 2aBU |  | 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**

|  |
| --- |
| **Unit Contact details** |
| ARTU - Ward 227Royal Stoke University HospitalNewcastle RoadStoke-on-TrentST4 6QGARTU Tel No: 01782 671963Broadfield UnitHaywood HospitalHigh LaneStoke-on-TrentST6 7AGBroadfield Unit Tel No: 07929 875738 | Dr A.K. Ball Consultant in Rehabilitation MedicineDr C. Bezzina Consultant in Rehabilitation MedicineDr A. Singh Consultant in Rehabilitation MedicineEmma Lee-Bradbury Specialist Rehabilitation  Co-ordinator |

For office use only

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