**REHABILITATION MEDICINE**

**COMMUNITY NEURO-REHABILITATION OUTREACH TEAM**

**REFERRAL FORM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post Code: \_\_\_\_\_\_\_\_\_\_\_\_ Contact Telephone Number (inc Mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GP And GP Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referring Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Reason for Referral: (For referrals from a WARD please give reason for admission)**

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**Profession/s Required (if known):**

|  |  |
| --- | --- |
| **OT** | **Physio** |
|  |  |
| **Clinical Nurse Specialist** | **Dietician** |

**Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Agencies Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Person Aware Of This Referral (Circle) YES / NO**

**Return to:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Lincoln Team (North West)**  Occupational Therapy Dept  Lincoln County Hospital  Greetwell Road  Lincoln LN2 5QY  Tel: 01522 573698  [ULH.lincolnneurooutreach@nhs.net](https://emailcas-l1/owa/redir.aspx?C=RuThXJoplcl_5aiGkpIeglP1cSLY6-aPENBBjCVy49iRBkS0bDfXCA..&URL=mailto%3aULH.lincolnneurooutreach%40nhs.net) | **Grantham Team (South West)**  Occupational Therapy Dept  Grantham & District Hospital  Grantham NG31 8DG  Tel: 01476 464971  [ULH.granthamneurooutreach@nhs.net](https://emailcas-l1/owa/redir.aspx?C=u3n7l5_mlxE2aqBn4I9ETvTrcrVZLq1KdxWp2xsblYCRBkS0bDfXCA..&URL=mailto%3aULH.granthamneurooutreach%40nhs.net) | **Boston Team (South East)**  Occupational Therapy Dept  Pilgrim Hospital  Boston PE21 9QS  Tel: 01205 446411  [ULH.bostonneurooutreach@nhs.net](https://emailcas-l1/owa/redir.aspx?C=3eeyyxxIIU29k_1JgyfWlnvrVa2Hd-ids_A019Y58ByRBkS0bDfXCA..&URL=mailto%3aULH.bostonneurooutreach%40nhs.net) | **Louth Team (North East)**  Occupational Therapy Dept  Louth County Hospital  High Holme Road  Louth  LN11 0EU  Tel: 01507 631455  [ULH.louthneurooutreach@nhs.net](https://emailcas-l1/owa/redir.aspx?C=jbEdVvIhemSDkpPNducRU2Fifi8mzTyaE_n6wbII5kWRBkS0bDfXCA..&URL=mailto%3aULH.louthneurooutreach%40nhs.net) |