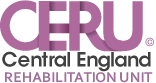
Dr Elie Okirie Consultant in Rehabilitation Medicine 01926 495321 x7610

Dr Gavin Farrell Consultant Clinical Neuropsychologist 01926 317700

Verity Stokes Lead Speech & Language Therapist 01926 317700

Lisa Knutton Principal Occupational Therapist 01926 317700

Lucy Gwynne Physiotherapy Lead 01926 495321 x7329

[](http://www.ceru.co.uk/)

Leamington Spa Hospital

Heathcote Lane Warwick CV34 6SR

Please email the completed referral form to: [vatreferrals@swft.nhs.uk](mailto:vatreferrals@swft.nhs.uk)

**EXTERNAL Virtual Assessment Triage (VAT) Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Referrer’s Name |  | Date |  |
| Designation |  | | |
| Contact Details: |  | | |
| Telephone Number: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name: |  | | |
| NHS Number: |  | DOB: |  |
| Address: |  | | |
| Telephone Number: |  | Mobile Number: |  |
| Diagnosis & Brief History |  | | |
| Patient’s GP: |  | | |
| Medication: |  | | |

The services we provide are as follows:

To enable us to ensure that the patient sees the appropriate clinician can you please tick which service you would like your patient to be offered.

|  |  |
| --- | --- |
|  | Consultant-led Neurorehabilitation Outpatient Clinic |
|  | Consultant led Spasticity Outpatient Clinic |
|  | CERU Outpatient Neurorehabilitation Team  (the team offers a multidisciplinary neuro-rehabilitation service with a goal orientated  approach. The individual therapy needs of each patient will determine the intensity of  treatment offered). |
|  | Physiotherapy |
|  | Occupational Therapy |
|  | Speech & Language Therapy |

If you are unsure which service you would like your patient to attend, could you please briefly outline below what outcome you would like for your patient.

|  |
| --- |
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