REFERRAL FOR AQUIRED BRAIN INJURY/ SPINAL INJURY/ STOKE OUT OF AREA REHABILITATION/TREATMENTS.

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| **Date of referral : Rehabilitation level:** |
| **Name: Location of patient:****NHS No:****DOB:****Home Address**: |
| **Name of GP and practice:** | **Name, number and designation of lead referrer:** |
| **Name and number of consultant:** | **Name and number of psychologist:** |
| **Name, address and phone number of next of kin:**Next of kin aware of referral – Yes – NoPatient aware of referral – Yes - No |
| **Reason for referral**. Giving a summary of current needs, diagnosis and assessment. Including the status of level according to the Specialised Neurorehabilitation services standards  |
| **Type of intervention required and why need cannot be met by local services:** |
| **Suggestions of appropriate rehab units if able.** |
| **List of current medications.** |
| **Family and social context.** |
| 1. **Behaviour**

**Summary of need.****Recommended need/therapy goals/ actions .** |
| 1. **Cognition.**

**Summary of need.****Recommended need/therapy goals/ actions .**1. **psychological and emotional.**

**Summary of need.****Recommended need/therapy goals/ actions .** |
| 1. **Communication**

**Summary of need.****Recommended need/therapy goals/ actions .**1. **Mobility.**

**Summary of need.****Recommended need/therapy goals/ actions .****Equipment needed/ training required.** |
| 1. **Continence.**

**Summary of need.****Recommended need/therapy goals/ actions .** |
| 1. **Nutrition.**

**Assessment of need.****Recommended need/therapy goals/ actions .****Equipment needed/ training required.** |
| 1. **Tissue viability**

**Summary of need.****Recommended need/therapy goals/ actions .** |
| 1. **Breathing**

**Summary of need.**.**Recommended need/therapy goals/ actions .****Equipment needed/training required.** |
| 1. **Drug therapies and medication.**

**Summary of need.****Recommended need/therapy goals/ actions .** |
| 1. **Altered states of consciousness.**

**Summary of need.****Recommended need/therapy goals/ actions .** |
| **Additional information** |
| **Names of Team referring** | **Sign** |