**Referral for Erewash and Amber Valley Neuro Out Patient Services**

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| Patient Name:  DOB:  Address:  Tel: | NHS Number:  GP:  Address:  Tel: |
| NOK:  Address:  Tel: | Ethnic origin:  Language:  Is interpreter required? |

Disciplines required: OT:

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| Presenting condition: | |
| Past medical history: | |
| Medications including dosages: | |
| Current level of mobility / transfers: | |
| Current ability to participate in ADL’s: | |
| Have any cognitive issues been identified (please detail assessments/dates)? | |
| Reason for referral / therapy goals:  Any relevant outcome measures completed? (Date and scores) | |
| Does the patient require transport if so please include transport requirements: | |
| Referrals to other services / care packages / care managers: | |
| Referrer details:  Name: Designation:  Address:  Tel:  Signature: Date: | |
| For Erewash patients | For Amber Valley Patients |
| **Physiotherapists** : Hannah Answer / Karen Robinson  Tel 0115 9305522 Ext 254  Fax 01159512275  **Occupational Therapist**: Sarah Badder  Tel: 0115 9305522 ext: 254  Fax: 0115 9512275  Ilkeston Community Hospital, Heanor Road  DCHST.ErewashNeurotherapy@nhs.net | **Physiotherapists** : Ruth Cutts / Leanne Taylor  Tel:01773 571434  Fax:01773 571437  **Occupational Therapist**: Rachael Shuma  Tel:01773 571434  Fax:01773 571437  Ripley Hospital, Sandham Lane, Ripley, DE5 3HE  DCHST.AmberValleyNeurotherapy@nhs.net |