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

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

Disciplines required: OT:

|  |
| --- |
| 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 RobinsonTel 0115 9305522 Ext 254Fax 01159512275**Occupational Therapist**: Sarah BadderTel: 0115 9305522 ext: 254Fax: 0115 9512275Ilkeston Community Hospital, Heanor RoadDCHST.ErewashNeurotherapy@nhs.net | **Physiotherapists** : Ruth Cutts / Leanne Taylor  Tel:01773 571434 Fax:01773 571437 **Occupational Therapist**: Rachael Shuma Tel:01773 571434 Fax:01773 571437Ripley Hospital, Sandham Lane, Ripley, DE5 3HEDCHST.AmberValleyNeurotherapy@nhs.net |