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| Patient Name:   | Referrer name:  |
| CHI:  | Referrer profession:   |
| Address:   | Referrer place of work:  |
| Contact number and email:  | Referrer contact details:   |
| Consent to leave a message?   **Yes  /  No** Can the person answer the phone?  **Yes  /  No**If no, next of kin contact details: Can the patient/carer contact the service to book an appointment if sent a letter:   **Yes  /  No**  | Referral date:  Hospital referrals, planned date of discharge:  |

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| Reason for referral and diagnosis: Date of onset:  |
| Referral for:                    Physiotherapy   **Yes /  No**                    Occupational Therapy:    **Yes /  No**  |
| Goals/what matters to the patient:    |
| **Does the patient need specialist neuro rehabilitation to meet their goals?      Yes /  No** |
| Past Medical History:    |
| Relevant Social History:    |
| Current and previous level of function (including mobility, transfers, ADL’s, work, hobbies, etc):    |
| Cognitive, behavioural or emotional issues:    |
| Communication, vision or hearing issues: |
| Details of any other agencies involved:   |
| Is there a risk for therapists visiting /treating this patient alone? (please complete questions below)  * Manual handling risk? **Yes / No**
* Risk for lone working (including risks due to the environment, history of verbal/physical abuse, history of mental health problems which could put therapists at risk, etc.)?  **Yes / No**
* If for domiciliary visit, any pets at home?  **Yes / No / N/A**
* If for domiciliary visit, does the patient or anyone in the house smoke?  **Yes / No / N/A**
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**Please return this completed form to:** loth.neurorehaboutpatientservice@nhs.scot

Appendix 1: Referral criteria

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| **Lothian Community Neuro Rehab Services*** Patient must be aged 16 years of age or over.
* Patient has a neurological diagnosis or neurological symptoms which are under investigation.
* Patient needs specialist neuro rehabilitation to meet their goals.
* Physio: Patients are a resident of City of Edinburgh (out-patient and community appointments), or Midlothian (out-patient appointments only).
* OT: Patients are a resident of City of Edinburgh, East Lothian or Midlothian (out-patient and community appointments for all areas).
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