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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** |

**Please return this completed form to:** [loth.neurorehaboutpatientservice@nhs.scot](mailto: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). |