|  |  |
| --- | --- |
| 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:    |
| Employment/Education:  |
| Current and previous level of function (including mobility, transfers, ADL’s, hobbies, etc.):    |
| Cognitive, behavioural or emotional issues:    |
| Communication, vision or hearing issues: |
| Details of any other agencies involved:   |
| Any other info, incl considerations for risk/lone working:  |

**Please return this completed form to:** loth.neurorehaboutpatientservice@nhs.scot

**Contact numbers**

0131 537 9089 for Occupational Therapy

0131 537 9082 for Physiotherapy

**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, community and virtual appointments), or Midlothian (out-patient and virtual appointments only).
* OT: Patients are a resident of City of Edinburgh, East Lothian or Midlothian (home, community, clinic, virtual appointments offered across all areas)
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