**REFERRAL FORM**

**Referral Criteria:**

**• A diagnosis of an Acquired Brain Injury (ABI), not stroke / degenerative condition.**

**• 16 years of age or over.**

**• Registered with a GP in Gateshead, Sunderland, or South Tyneside.**

**• The client is considered to be able to engage with neurorehabilitation with realistic goals for change.**

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| **Details of the person being referred:** |
| Title |       | Address *(including postcode)* |       |
| Forename |       |
| Surname |       |
| Date of Birth |       |
| Ethnicity |       |
| Landline |       | Mobile |       |
| NHS number |       | RiO Number |       |

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| **Next of Kin:** |
| Title |       | Address (*including postcode*), if different to above |       |
| Forename |       |
| Surname |       |
| Relationship to patient |       |
| Landline |       | Mobile |       |

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| **GP details:** |
| Name & address |       |
| Telephone number |       |

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| **Referrer details:** |
| Name |       |
| Address |       |
| Role of the referrer |       |
| Telephone number |       |

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| **Referral Information:** |
| Date of Referral |       | Date of Injury |       |
| Does the person being referred consent to this referral and to being contacted by staff from CABIS? | Choose an item. |
| Reason if no consent given |       |
| Is this person currently in hospital? | Choose an item. | *If yes, what is their anticipated discharge date?* |       |
| Clinical information*Please provide as much detail regarding head or brain injury: nature / mechanics, any relevant reports/scans, comorbid conditions.* |       |
| Reasons for referral/expectations of referral*i.e. assessment of cognition, rehabilitation in the community, capacity, change in functioning, behaviours that challenge.*  |       |
| Known risks |       |
| Other services involved |       |

**\*Please attach additional relevant clinical information as required\***

**Please return this form to:**

**Community Acquired Brain Injury Service Telephone no: 0191 5665650**

**Monkwearmouth Hospital Email:** **CabisTeam@cntw.nhs.uk**

**Newcastle Road**

**Sunderland**

**SR5 1NB**