**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.**

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

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**](mailto:CabisTeam@cntw.nhs.uk)

**Newcastle Road**

**Sunderland**

**SR5 1NB**