

Hull Community Rehabilitation Team REFERRAL FORM

For Physiotherapy/ Occupational Therapy/ Speech and Language Therapy

Surname:	Forename(s):	DOB:
NHS No.	Male/Female	
Address:	Telephone Numbers:	
Postcode:	Home:	
Lives alone/carers/nursing home/ residential home	Mobile:	
GP:	Next of kin/carers/emergency contact:	
GP Address:	Client aware of diagnosis?	YES/NO
GP Telephone Number:	Client aware of referral?	YES/NO
Diagnosis:	Is there a Lone Working risk?	YES/NO
Past Medical History:	Is there a Safeguarding risk?	YES/NO
Profession Required:	Any concerns with Mental Capacity?	YES/NO
Physiotherapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech and Language Therapy <input type="checkbox"/> Communication <input type="checkbox"/> Swallow <input type="checkbox"/>		
Reason for referral: (The reason for referral needs to be <u>clearly detailed</u> . Insufficient information will result in the referral being <u>returned</u> to you)		



Please indicate if the patient has any of the following (please tick)

Heart Problems <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Mental health issues <input type="checkbox"/>
Implants/Neurostimulators <input type="checkbox"/>	Pregnant <input type="checkbox"/>	Cognitive problems <input type="checkbox"/>
Recurrent chest infections <input type="checkbox"/>	Malignancy <input type="checkbox"/>	Rapidly deteriorating <input type="checkbox"/>

Will this contribute to a “prevent admission”? YES/ NO

Additional comments:

Referred by: (Please print) **Contact Address:**

Title/profession: **Telephone Number:**

Signature: **Date:**

EXCLUSION CRITERIA...

Please note that the team are unable to work with clients who...

- ...have a GP outside of Hull
- ...are under 18 years old
- ...are presenting with difficulties that are due to having had a stroke CVA (refer to The Stroke Team)
- ...are presenting with difficulties which are due to a learning disability (refer to The CTLD Team)
- ...need to be seen for equipment provision only (refer to Social Services Occupational Therapy)
- ...need to be seen for provision of splints only
- ...need an MSK Physiotherapy assessment and are able to attend a clinic (please refer to Healthshare)

If you would like advice on where to refer such clients, please ring the number below and we will try to help...

PLEASE POST OR FAX YOUR REFERRAL TO...

Hull Community Rehabilitation Team
 Unit 4, Henry Boot Way
 Priory Park, Hull
 HU4 7DY

Tel: 01482 247111
 Fax: 01482 347637
 Email: CHCP.247111@nhs.net

