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| **Wandsworth Community Neuro Team**  **REFERRAL FORM** |

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| For office use only | | | |
| Date of Ref received | | | |
| FORM MUST BE COMPLETED IN FULL TO AID PRIORITISATIONINCOMPLETE FORMS WILL BE RETURNED | | | |
| Surname: Click here to enter text. | First Name: Click here to enter text. | | |
| Mr  Mrs  Ms | DoB: Click here to enter text. | NHS No:Click here to enter text. | |
| Address & Postcode:  Click here to enter text. | Tel. No: Click here to enter text.  Ethnicity code: Choose an item. | | |
| NoK: Click here to enter text.  Relationship to patient: Click here to enter text.  NoK Tel No: Click here to enter text. | Does the person live alone?  Can they answer the telephone?  Do they require an interpreter?  Language: Click here to enter text.  Communication difficulties?  Details: Click here to enter text.  Package of care?  Provider name: Click here to enter text. | | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No |
| Are there any RISKS we should be aware of?  Click here to enter text. |
| GP Name: Click here to enter text.  Consultant’s Name: Click here to enter text. | GP Address: Click here to enter text.  GP Tel No.: Click here to enter text. | | |
| Referred by (Name & Team)  Click here to enter text. | Referrer’s Address: Click here to enter text.  Referrer’s Tel No.: Click here to enter text. | | |
| Neurological diagnosis:  Click here to enter text.  Date of onset: Click here to enter text.  Hospital discharge date: Click here to enter text. | Past Medical History and relevant medication:  *(Please include therapy reports, medical letters, EMIS reports)*  Click here to enter text. | | |
| Current function and care needs:  Click here to enter text. | Reason for referral to the Community Neuro Team: | | |
| Click here to enter text. | | |
| Click here to enter text. | | |
| Click here to enter text. | | |
| Click here to enter text. | | |
| Click here to enter text. | | |
| Current services involved:  *(e.g. medical, therapy, social services)*  Click here to enter text. | Does the patient have any key goals: | | |
| Click here to enter text. | | |
| Click here to enter text. | | |
| Click here to enter text. | | |
| Click here to enter text. | | |
| Click here to enter text. | | |
| Has the patient consented to this referral? | Yes  No | | |

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| **Wandsworth Community Neuro Team contact details:** | |
| St John’s Therapy Centre  162 St John’s Hill  London  SW11 1SW | 🕿: 0208 725 8050  🖂: [wandsworthcnt@stgeorges.nhs.uk](mailto:wandsworthcnt@stgeorges.nhs.uk) |
| **Referral criteria:** | |
| People aged 16 and over, who have a Wandsworth GP and a primary neurological diagnosis. | |
| We offer:   1. Neurological rehabilitation - Assessment, goal planning and intervention. 2. Long term disability management - Action planning, problem solving and inter-agency working. | |
| We are a multidisciplinary team of Physiotherapists, Occupational therapists, Speech and Language Therapists, Clinical Psychologists, Clinical Nurse Specialist, Neuro Case Manager and Therapy Technical Instructors. | |
| **Referrals not appropriate for our team** | |
| **Reason for referral/problem** | **Appropriate team** |
| Adults without a primary neurological diagnosis who require therapy input | Maximising Independence Team  0333 300 2350 |
| Provision of ADL equipment and/ or home adaptations only | Social Services Occupational Therapy  via Access Team 020 8871 7707  [accessteam@wandsworth.gov.uk](mailto:accessteam@wandsworth.gov.uk) |
| Assessment for wheelchair provision  Wheelchair repairs/ maintenance/collections | Wheelchair services - 020 8487 6084/5  Opcare – 0204 505 3500 |
| Provision of hospital beds or pressure relief | District Nurses 0333 300 2350 |
| Provision of orthotics only | Orthotics clinic 020 8487 6055 |
| Stuttering/stammering | www.citylit.ac.uk |
| Referral for Psychology input only  **or**  Psychology input that is not related to a neurological diagnosis (e.g. premorbid mental health difficulties) | Talk Wandsworth 0203 513 6264  [talkwandsworth@swlstg-tr.nhs.uk](mailto:talkwandsworth@swlstg-tr.nhs.uk) |
| Speech therapy for head and neck cancer  **or**  Voice therapy | Adult Voice, Head and Neck/ENT Therapy Team  Lanesborough Wing  St George’s University Hospital NHS Foundation Trust |