



**REFERRAL FORM FOR BRAIN INJURIES UNIT AND  
SPECIALIST NEUROLOGICAL REAHABILITATION UNIT**

*Caring at its best*

To refer to Brain Injuries Unit – please complete 1<sup>st</sup> page only and fax to: 0116 2584056

To refer to Specialist Neurological Rehabilitation Unit – please complete 1<sup>st</sup> AND 2<sup>nd</sup> page and fax to: 0116 2584087

Patient Name: Address:	Next of Kin: Relationship:	G.P name: Address:
D.O.B: NHS number:	Contact Number:	Contact Number:
Current Location: Ward:	Hospital:	Telephone Number:
Clinical History including type of brain Injury		
Investigations Completed		
Investigations Outstanding		
PMH		
Is patient for resuscitation?	Y/N	
Previous ability Living independently? Working? Mobility? Social Service input?	Y/N Y/N Y/N Details:	
Current GCS? Tracheostomy? Oxygen?	/15 Y/N Type: Size: Y/N Amount/Percentage:	
Current Infections? Is patient being barrier nursed?	Y/N Details: Y/N Details:	
Is patient able to communicate?	Y/N Details: e.g. verbalising, nodding head	
Are pressure areas intact? Current waterlow Any trauma or surgical wounds? Sutures or Clips insitu?	Y/N Details: Y/N Details: Y/N Date of removal:	
Current mobility Any orthopaedic issues? Has patient been referred to UHL orthopaedic team/ Other Specialist Service?	Y/N Details: Y/N Accepting Consultant/ Consultant In Specialist Service:	
Is the patient continent? Catheter in situ? Frequency of bowel opening?	Y/N Y/N Date inserted:	
Is patient able to eat and drink?	Y/N Details of current SALT recommendations	
Is the patient N/G or PEG fed?	Y/N	
Does the patient have capacity? Is the patient agitated?	Y/N Y/N Details?	
Is the patient currently fit for transfer?	Y/N	
What are the patient's medical/therapy goals?	Details:	
Referred by Date		
Accepted to BIU Referring ward informed of decision? Person Informed	Y/N BIU USE ONLY Y/N BIU USE ONLY	
<b>FOR REFERRAL TO SPECIALIST NEURO REHAB UNIT (SNRU)at LEICESTER GENERAL HOSPITAL, PLEASE COMPLETE 2<sup>ND</sup> SHEET</b>		

**Referral form for Brain injuries and Specialist Neurological**

**Rehabilitation Unit (SNRU)**

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Page 2 of 2 - Please Complete if referring to the SNRU

Name:		Hospital Number:		DOB:		
Further Medical Info:	Monoplegic: affected limb.....		motor	<input type="checkbox"/>	sensory	<input type="checkbox"/>
	Hemiplegic: left side / right side		motor	<input type="checkbox"/>	sensory	<input type="checkbox"/>
	Paraplegic: level affected.....		motor	<input type="checkbox"/>	sensory	<input type="checkbox"/>
	Other neurological deficits: cognition Y / N    Speech and Language Y / N    Other:.....					
	Outstanding medical Investigations:		Treatments:..... Scans:..... Further reviews:.....			
Goals Achieved in Current location:						
Future Rehabilitation Goals:	PHYSIOTHERAPY:					
	OCCUPATIONAL THERAPY:					
	SPEECH AND LANGUAGE THERAPY:					
	NURSING:					
	PSYCHOLOGY					

TO VERBALLY DISCUSS A REFERRAL—PLEASE CALL:

**Brain Injuries Unit on 01162 584628    or    SNRU on 01162584085**

PLEASE FAX REFERRALS:

**Brain Injuries Unit - 01162584056    or    SNRU - 01162584087**

Please Call to confirm receipt of fax