

OCE Neurological Rehabilitation Service Referral Form

Please complete fully to enable us to process your referral efficiently

Date of Referral					
Patient Details					
Surname		Title		Gender	
First Name/s		Date of Birth			
Permanent Address		Telephone			
		Occupation			
		NHS Number			
Current Location (if different)		Language Interpreter required Y/N			
		GP Name & address			
Social situation Partnership status Employment Home environment Carers ?					
Diagnosis Date of onset					
Current rehabilitation Signs of recovery					
Reason for Referral What would you hope our service could achieve? Rehabilitation goals? Inpatient Outpatient					

Current therapists and social worker				
Clinical Information-for In-patients only				
Details of discharge plans made to date				
Current Treatments (surgery, medication, etc)				
Does the patient require medical intervention more frequently than once daily?		Details:		
Details of specialist equipment e.g. pressure-relieving mattress				
Are the patient's pressure areas intact?		Details:		Waterlow Score
Does the patient have a tracheostomy?		Date Made		Reason for tracheostomy
Tube Details				
Tube type e.g. fenestrated, speaking tube	Plastic or metal?	Tube Size	Cuffed/Uncuffed	Deflation Times
Tracheostomy Management				
Humidification needs	Oxygen Needs	Suction frequency	Suction procedure	Dressings used

<p>Does the patient require ventilation?</p>	<p>Please supply full details:</p>
<p>Please state whether the patient has:</p>	
<p>Communication difficulties</p>	<p>Details:</p>
<p>Swallowing difficulties</p>	<p>Details:</p>
<p>Cognitive impairment Test performed</p>	<p>Details:</p>
<p>Behaviour that is difficult to manage e.g. verbal or physical aggression</p>	<p>Details:</p>
<p>Need for high levels of supervision to maintain safety e.g. wandering</p>	<p>Details:</p>
<p>Toilet use</p>	<p>Bladder continence: Y/N</p> <p>Bowel continence: Y/N</p>
<p>Mobility</p>	<p>Transfers:</p> <p>Walking:</p> <p>Stairs:</p>
<p>Washing dressing and grooming</p>	<p>Details:</p>
<p>Feeding</p>	<p>Details:</p>
<p>Current weight and height</p>	
<p>Referrer Details</p>	
<p>Name and job title</p>	

Address	Telephone E-mail
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Please post completed forms to The Oxford Centre for Enablement, Windmill Road, Headington, Oxford OX3 7HE. If sending by email send to OCE.referrals@nhs.net (only refer via this route from an nhs.net account).

Any queries relating to referrals for an inpatient please contact Julie Parra

Admission/Discharge coordinator 01865 737233 or email julie.parra@ouh.nhs.uk.