Pennine Quality-Driven Responsible Compassionate

The Pennine Acute Hospitals NHS Trust

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# CLINICAL NEUROPSYCHOLOGY SERVICE

## ADULTS WITH ACQUIRED BRAIN INJURY AND NEUROLOGICAL CONDITIONS

## REFERRAL FORM

PLEASE CONSIDER REFERRAL OF ANY PATIENT SUFFERING A BRAIN INJURY WITH RESIDUAL FUNCTIONAL, COGNITIVE OR BEHAVIOURAL PROBLEMS

Patient Details:

| | |
|---|---|
| Name: | |
| DOB: | |
| Address: | |
| Tel: | |

GP Details:

| | |
|---|---|
| Name: | |
| Address: | |

| | |
|---|---|
| Is the patient aware/consented for referral? | |
| Date of Brain injury | |
| Nature of Brain injury | |
| Any surgical intervention? | |
| Functional deficit | |
| Cognitive/behavioural/emotional difficulties | |
| Does this person pose risk to themselves or others? | |
| Other services involved | |
| Previous psychological/mental health history & input | |
| Relevant medical history & medications | |

Referer Name: SIgn: Date:

Consultant:

**PLEASE FAX DETAILS TO:**
**FAX: 01706 676081 TEL: 01706 676080**