Pennine Quality-Driven Responsible Compassionate

The Pennine Acute Hospitals NHS
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: 0161 716 2714 TEL: 0161 716 2700