

BARCLAY HOUSE SERVICES



REFERRAL FORM FOR ASSESSMENT, REHABILITATION and IN-REACH (Outpatient) SERVICES

Date of Referral:		Did you make an enquiry?	YES	NO
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SERVICE USER NAME:				DOB:	
HOME ADDRESS: (including postcode)					
TELEPHONE:			EMAIL:		
MARITAL STATUS:		SEX: M / F		PREVIOUS OCCUPATION:	
NAME OF NEXT OF KIN & RELATIONSHIP TO SERVICE USER			CONTACT DETAILS ie: TELEPHONE & best times to call		
SERVICE USER CURRENT CIRCUMSTANCES (hospital, other rehabilitation centre, care home, home)					
IS THE SERVICE USER CURRENTLY ON ANY ORDERS i.e. DoLS, MH ACT					
DIAGNOSIS			NHS NUMBER		

REFERRER NAME:					
JOB TITLE:					
COMPANY/HOSPITAL					
ADDRESS: (including postcode)					
TELEPHONE:			EMAIL:		

FUNDER NAME (AUTHORITY/ CCG/CHC)					
ADDRESS: (including postcode)					
TELEPHONE:			EMAIL:		
HOW MANY PROVIDERS HAVE YOU CONTACTED REGARDING THIS SERVICE USER?			TIMEFRAME FOR ADMISSION (days/weeks)		

BARCLAY HOUSE SERVICES REFERRAL FORM

DATE OF BRAIN INJURY OR DIAGNOSIS	
BRIEFLY - HOW DID BRAIN INJURY OCCUR? or BRIEF HISTORY OF CONDITION	
LEVEL OF PRESENT ABILITIES (use assessment scores if known i.e. GCS, FIMFAM, RCS-E)	

YOUR REASON FOR REFERRAL OF THIS SERVICE USER (expectations)

Thank you for your time in filling out the form. Do not worry if it is incomplete, we will contact you if required

We will be in touch with you to arrange an assessment within 24 hours of its receipt and will assess your client in the next five working days.

If you have any questions or would like to visit the service, please contact us on 0116 255 3039

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ADDITIONAL INFORMATION		EQUIPMENT NEEDED FOR ADMISSION?	
<i>Any other medical conditions?</i>	YES /NO		
<i>Physical impairment</i>	YES /NO		
<i>Cognitive impairment</i>	YES /NO		
<i>Behaviour's that are challenging</i>	YES /NO		
<i>Epilepsy</i>	YES /NO		
<i>Communication difficulties</i>	YES /NO		
<i>Specific transport requirements:</i>			
Please attach any relevant supporting information			
	Tick		Tick
Review Report	<input type="checkbox"/>	Discharge Report	<input type="checkbox"/>
Referral Letter	<input type="checkbox"/>	Other	<input type="checkbox"/>