

Referral for Specialist Rehabilitation Services at the National Rehabilitation Hospital



Referrals cannot be processed unless this form is fully completed by the Referring Team and full clinical information is attached

1. Rehabilitation Programme

1. Please tick as appropriate

Brain Injury Programme

Spinal Cord System of Care Programme

Prosthetic, Orthotic, Limb Absence (POLAR)

Paediatric Family-Centred Programme

2. Clinic or Service

2. Please tick as appropriate

Inpatient Services

Outpatient Services

Patient Details

Surname:

Forename:

Also known as (if applicable):

Address:

DOB: / / **Gender:**

Tel (Home): **Mobile:**

Nationality:

First Language: **Interpreter required:** Y N

Occupation: **Religion (if known):**

Details of Referrer or Agency

Referring Consultant or Healthcare Professional:

Contact Details:

Referrer's Registration No Or Agency Stamp:

Referral Outcome to be sent to:

Signature/Date:

Patients' Contact person or Next of Kin

The 'Contact' person should be contactable regarding the Patient's Appointments at the NRH

Contact Name:

Address:

Tel (Home): **Mobile:**

Relationship:

Next of Kin (if different From above)

Name:

Address:

Tel (Home): **Mobile:**

GP Details

Name:

Address:

Contact Details:

Medical Card Details

Medical Card: Yes No **M.Card has been applied for**

Medical Card No:

Expiry Date:

Other Important Information

Patient's Current Location or Ward:

Please confirm that Patient or Family have been advised of this referral? Yes

Does patient have a DNR order? Yes No

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Diagnostic / Clinical Information (please attach full clinical information)

Full clinical information attached (please Tick)

Any known Risk Factors (please attach all relevant information)

Please detail all Risk Factors such as: forensic history, hospital acquired infections, mental health or behavioural issues:

Multiple empty rows for detailing risk factors.

If no known risk factors please tick

Referral forms to be forwarded to relevant Programme Office as detailed below

Please return to the appropriate Programme's Admin Office at the National Rehabilitation Hospital (NRH) by Post or Fax:

* Is all relevant medical information included and have all documents been attached ?

Brain Injury Programme Admin Office:	Fax – 01 285 4370
Spinal Cord System of Care Programme Admin Office:	Fax – 01 285 4370
Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Programme Admin Office:	Fax – 01 235 5468
Paediatric Family-Centred Rehabilitation Programme Admin Office:	Fax – 01 285 1053

National Rehabilitation Hospital, Rochestown Avenue, Dún Laoghaire, Co. Dublin
 (01) 235 5000

For NRH Administration

Date referral Received:

Triage Date:

MRN if allocated:

Triage Outcome:

Date entered on PAS: