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 or provided on page 2

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The NRH Paediatric (Paeds) Programme provides children and young people up to 18 years of age	s post-acute inpatient specialist rehabilitation for with (please tick as appropriate):	
Acquired Brain Injury	Acquired Spinal Cord Injury	
Acquired and Congenital limb absence	ce requiring prosthetic intervention	
Note: 16-18 years may be admitted to adult NRH Progr	rammes	
Patient Details	Details of Referrer or Agency	
Surname:	Referring Consultant or Healthcare Professional:	
Forename:	Contact Details:	
Also known as (if applicable):	Referrer's Registration No	
Address:	Or Agency Stamp:	
DOB:/ Gender:	Referral Outcome to be sent to:	
Tel (Home): Mobile:		
Nationality:	Signature:	
First Interpreter Y N	Date:	
Religion (if known):	required: T GP Details	
Rengion (II Known).	Name:	
Parent or Guardian Contact Details	Address:	
This person should be contactable regarding the Patient's Appointments at the NRH		
Contact Name:		
Address:	Contact Details:	
	Other Important Information	
Tel (Home):	Patient's Current Location or Ward:	
Mobile:		
Relationship:	Please confirm that Patient or Family Yes No have been advised of this referral	
Medical Card Details	Does the Patient have an Emergency Yes No Care Plan in place?	
Medical Card: Yes No Has been applied for		
Medical Card No: Expiry Date:	Continue to page 2	

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Please provide a clinical summary (if a clinical letter is not attached

or in advance of a clinical letter)		
Signature:		Date: