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**REFERRAL FORM FOR ISLINGTON COMMUNITY NEURO-REHAB TEAM OR REACH**

**Please email form to:** [**rapidaccess@islington.gov.uk**](mailto:rapidaccess@islington.gov.uk) **Rapid Access admin: Tel: 0207 527 2179**

**(can be contacted for referral queries)**

**Please consider the following alternative services before referring to CNRT or REACH:**

1. Musculoskeletal physiotherapy – please refer via central bookings ([arti.centralbooking@nhs.net](mailto:arti.centralbooking@nhs.net))if client is able to leave their house for a physiotherapy appointment (including with transport)
2. Falls medical clinic – please refer to consultant via GP.
3. ICAT – For clients over 75 years old who require a comprehensive geriatric MDT assessment, please refer via email: [whh-tr.ICAT@nhs.net](file:///C:\Users\Carole.MacGregor\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\0UWV3YX6\whh-tr.ICAT@nhs.net)
4. Occupational Therapy Social Services for equipment provision and major adaptations -please refer via Access and Advice **Tel**: 020 7527 2299 **Email**: **[Islington Adult Social Care Request for Service Form](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FResponsePage.aspx%3Fid%3DI6ITVb5600KxYcBqvFHLLlTmjyJ3UcBIq59GQpZDoJlUNUUyMjRNQ1g4V1VKUkFMWlNYMDc1NDNWOCQlQCN0PWcu&data=05%7C01%7Ccarolemacgregor%40nhs.net%7C9fd1eb7ffb9849ca591408db5d102209%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638206096093204231%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=xgAPIVQawTUp43DzoiHGKE5J4sXhNyYlG8OZCum0geE%3D&reserved=0)**

**Please indicate whether you require Community Neuro-Rehab or REACH, then choose the discipline/service(s) you require.**

**Islington REACH Team**For Islington residents with non-neurological conditions who are unable to access community services

Physiotherapy □  
Occupational therapy □  
Speech and Language Therapy □  
(if referring from a care home, please  
include Swallow Screen)  
**Falls assessment □**Mobility/gait/stairs assessment □  
Environmental □  
Improving independence and confidence within the home and community □

**Community Neuro-Rehabilitation Team**

For people with neurological conditions, including stroke, MS, TBI.

Neuropsychology □  
Occupational therapy □  
Physiotherapy □  
Speech and Language Therapy □  
(if referring from a care home, please  
include Swallow Screen)  
MS Practitioner □

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| **GP Details** | | | | | |
| Practice: | | | GP Name: | | |
| Tel: | | |
| **Referrer’s Details** | | | | | |
| GP: Yes  No | | | Relationship to client: | | |
| Team/service name | | | Tel:  Email: | | |
| **Client Details** | | | | |
| Title |  | DOB | |  |
| First name |  | NHS no | |  |
| Surname |  | Gender | |  |
| Address |  | Tel no. | |  |
| Post code |  | Mobile no. | |  |
| Is client able to grant access? | Yes  No  Key Safe  Family/Carer | Next of Kin | | Name:  Relationship:  Tel: |
| Ethnicity |  | **Has client consented to referral?** | |  |
| First Language |  | Interpreter Required? | |  |
| **Medical History** | | | | |
| Past Medical History/Diagnosis | | Current Medication (Please list): | | |
| **Reason for referral** | | | | |
| **What would the client like to achieve by working with us?**  **Has there been a recent change in the client’s baseline function?**  If Yes, please give details:  **Is the client on Reablement?** Yes  No  **Are there any known risk to lone workers?**  Property  Suicide/Self harm  Domestic violence  Harm to others / from others  Drug/alcohol abuse  Not considered a risk  Hoarding  Please give details: | | | | |

**In order to avoid any necessary delays, please ensure that all sections of the form have been fully completed.**

Referrers signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_