

Please return this form to:

Email: [rachael.chamberlain@nhs.net](mailto:rachael.chamberlain@nhs.net)

All neuro-referrals are treated as planned admissions, and are processed during office hours



# Cygnet Neuropsychiatric Rehabilitation Referral Form

## About you:

Name: ..... Commissioner / funding contact details: .....  
Job title: .....  
Email: .....  
Telephone: ..... ICB / Health board contact (inc. locality): .....  
.....  
.....

## Reason for referral:

Please include any specific outcomes (clinical and social plus any outstanding rehab goals currently being worked upon). Please also state any risks:

## Patient details:

Name: ..... Patient diagnosis: .....  
DoB: .....  
NHS number: .....  
Address of current placement: ..... IQ (if applicable): .....  
..... Current Legal Framework: .....  
Consultant / lead clinician contact details: .....  
.....  
..... Any proposed new/update to framework?: .....  
Ward name: .....  
Ward phone no.: .....

**The Bed Hub can be reached 24/7 on:**

**Call** 0808 164 4450

**Email** [chcl.referrals@nhs.net](mailto:chcl.referrals@nhs.net)

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**Documents / Information to be provided in addition to this form**  
(in whatever format it exists):

- Information about index injury or current onset – discharge summary if appropriate
- Summary of significant physical health conditions – latest blood results
- Treatment plans/reports/goal setting reviews
- CT/MRI head reports and any subsequent review reports
- Medication list including PRN – medication history if available
- Forensic history if applicable – noting any probation/license restrictions
- Substance/alcohol history if applicable
- Social situation/family/carers/work/hobbies
- Previous mental health history if applicable
- Information about legal framework – if MHA then a copy of the original MHA assessment form and conclusions, latest tribunal reports and minutes
- Information about any outstanding follow up clinics/outpatient appointments/surgery etc.

**Internal Use Only**

BRM:

Units to be considered?

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