**Referral to East Lancashire Stroke Therapy Team**

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| **Date of Admission** |  | **Date of Discharge** |  |
| **Date of Referral** |  | **Source of Referral** |  |
| **Mr/Mrs/Ms/Miss** |  | **Date of Birth** |  |
| **Surname** |  | **Forename** |  |
| **Address (including postcode)** |  | **Male/Female** |  |
| **NHS No./****RXR.**  |  |
| **Home Telephone** |  | **GP Name** |  |
| **Other Telephone** |  | **GP Address & Telephone No.** |  |
| **Next of Kin Details****(Name, Address & Telephone No.)** |  | **Consultant/Stroke Physician** |  |

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| **Relevant Medical History**  |  |
| **Known Risks to Staff**  |  |
| **History of Present Condition** |  |
| **Date of Stroke** |  |
| **Date of Scan and Results** |  |
| **Investigations** |  |