

Community Neurology Specialist Nurse Service Referral Form

# Patients Details:

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| Hospital MRN (if known):  NHS No:  Patient’s Name:  Date of Birth:  Address:  Tel (Home):  Email:  Mobile: |

# GP details:

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| --- |
| GP:  GP Surgery: |

# Confirmed Neurological Diagnosis:

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| Confirmed Neurological Diagnosis:  Is patient aware of diagnosis? Yes  No |

# Reason for Referral

Has patient consented to referral? Yes  No

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| Are there any other services / healthcare professionals involved in patient’s care? If so, please give contact details below: |
| Reason for referral (please include current drug treatment, GP summary where possible): |

# Risk and Safety Information

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| Is there any information the visiting Specialist Nurse must be aware of regarding access or safety at the property if a home visit is needed (including any known risks or safeguarding concerns relevant to the visit)? No  Yes  (please give details) |

# Referrer’s Contact Details

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| --- |
| Name of Referrer:  Address:  Tel No:  Email:  Relationship to patient:  Signature:  Date: |

# Community Neurology Specialist Nurse Service

*Please send either by post or email to:*

Community Neurology Specialist Nurse Service  
Oxford Centre for Enablement (OCE)  
Nuffield Orthopaedic Centre  
Windmill Road  
Headington  
Oxford OX3 7HE

Tel: 01865 737465

Email: [communityneurologynurses@ouh.nhs.uk](mailto:communityneurologynurses@ouh.nhs.uk)

All received referrals will be screened within **24 hours**. **Forms received on a Friday may not be screened until the following working day**.

**This service is not an emergency service**. Referrals will be triaged and, if accepted, appointments will be arranged with a Nurse Specialist either in clinic or at the patient’s home. If your referral is of a more urgent nature, please make this clear on the form and/or contact the service. The service is not open Bank Holidays or weekends.