# BRISTOL AFTER STROKE



THE GATEHOUSE CENTRE HARECLIVE RD BS 13 9JN TEL.: 0117 964 7657

Email form to: [office@bristolafterstroke.org.uk](mailto:office@bristolafterstroke.org.uk)

## STROKE SUPPORT REFERRAL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| REFERRER DETAILS | | | | | | |
| REFERRAL DATE |  | | | | | |
| REFERRED BY |  | | JOB TITLE | |  | |
| ADDRESS |  | | | | | |
| TELEPHONE NO/MOBILE |  | | | | | |
| EMAIL ADDRESS |  | | | | | |
| **CLIENT DETAILS** | | | | | | |
| NAME |  | | | | | |
| ADDRESS |  | | | | | |
| TELEPHONE NO. |  | | MOBILE NUMBER | | |  |
| EMAIL ADDRESS |  | | | | | |
| CARER NAME |  | | | | | |
| DATE OF BIRTH |  | | | Any identifiable risk to staff, eg dog: | | |
| EMPLOYMENT |  | | |  | | |
| GENDER |  | | |
| ETHNIC ORIGIN |  | | |
| **REASONS FOR REFERRAL** |  Information & advice   Emotional Support   Next Steps (SG only)   6 Month Review (South Glos Only) | | |  Action After Stroke   Groups/Cafes  Conversation Group | | |
|  Other – please give details: | | | | | |
| GP DETAILS | | | | | | |
| NAME |  | | | | | |
| TELEPHONE NO. |  | | | | | |
| PRACTICE/ADDRESS |  | | | | | |
| **CLIENT INFORMATION/SITUATION** | | | | | | |
| **DATE OF STROKE** |  | | **DISCHARGE DATE** | | |  |
| **EFFECTS:** | | | | | | |
| SPEECH, READING & WRITING |  | | | | | |
| MOOD |  | | | | | |
| MOBILITY |  | | | | | |
| VISION/HEARING |  | | | | | |
| **ANY OTHER INFORMATION** | | | | | | |
|  | | | | | | |
| **Office Use only** | | | | | | |
| WHO TOOK REFERRAL: | | **CO-ORDINATOR:** | | | | |