# BRISTOL AFTER STROKE

 

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

Email form to: office@bristolafterstroke.org.uk

## STROKE SUPPORT REFERRAL

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| --- |
| 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:** |