

Community Integrated Therapy Teams Referral Form

Please email the referral to:

IntegratedTherapy.Referrals@elht.nhs.uk

(Comprising of Occupational Therapy & Physiotherapy in East Lancashire and Community Physiotherapy in Blackburn with Darwen)

Please complete ALL sections of the referral.

Incomplete referrals will be returned, causing a possible delay in assessment and treatment.

Mr/Mrs/Ms/Miss/Mx		Date of Birth	
Surname		Forename	
Preferred Name		Male/Female/Other	
Address and Postcode		Home Telephone Number	
		Alternative Telephone Number	
Point of Contact Name/Relationship		Point of Contact Telephone Number	
Next of Kin Name/Relationship		Telephone Number	
GP Address & Telephone Number		Current Location of Patient	
Has this patient consented to a referral?		NHS Number	
		LAS Number (if known)	
Known Communication Difficulties		Ethnicity/First Language	
		Interpreter Required	
Is the patient over 18 years of age?			
Able to Access Outpatients, including GP appointments			
What is the current problem needing therapy input and when did it occur? Please give as much detail as possible.			
Relevant Medical History			
Other services involved			

Any known risks to staff (including access issues to property)			
Referrer Name		Designation	
Contact Details/Telephone Number			Date

Has the current problem impacted on any of the following: (Yes/No)

Walking	Yes	No	Toileting	Yes	No
Stairs	Yes	No	Bathing	Yes	No
Accessing property	Yes	No	Washing and Dressing	Yes	No
Accessing work/community	Yes	No	In / Out of bed	Yes	No
Meal Preparations	Yes	No	On / Off chair	Yes	No

If answered yes to any of the above, please give details including severity: