**Paediatric Emergency Department Neurorehabilitation Referral Form**

**(Email completed form to** **lynsey.kite@nhs.net****)**

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| **Patient Details (Attach Patient Label)** | **NHS Number:** |
| **Parental Contact Details**  |
| **Name:**  | **Relationship to child:** | **Telephone Number:** |
| **Brief description of Head Injury (detail below)** |
|  |
| **Any red flags identified by referring Clinician Yes / No**  |
| **Investigations completed and findings (detail below) for red flag symptoms**  |
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| **Nature of persisting symptoms (> 6 weeks) post head injury (tick all that apply below)** |
| **Headache** | **Fatigue** | **Cognitive** | **Other (describe)** |
| **Dizziness** | **Sleep disturbance** | **Behavioural** |
| **If Polytrauma please describe other injuries below** |
|  |
| **Safeguarding concerns Yes/ No (if Yes detail actions taken below)** |
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| **Discharge safety netting advice given to the family****Head Injury Leaflet****Contact details** |
| **Name and grade of clinician making referral:****Responsible Consultant:** **Referring CSU:**  |