**Paediatric Emergency Department Neurorehabilitation Referral Form**

**(Email completed form to** [**lynsey.kite@nhs.net**](mailto: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** | | | | | | |
|  | | | | | | |
| **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)** | | | | | | |
|  | | | | | | |
| **Discharge safety netting advice given to the family**  **Head Injury Leaflet**  **Contact details** | | | | | | |
| **Name and grade of clinician making referral:**  **Responsible Consultant:**  **Referring CSU:** | | | | | | |