



Name:
Date of Birth:
NHS Number:
Referral Date and time:
Can patient be accepted by for inpatient rehabilitation as they live locally? Yes No

Referring Hospital:
Referring Consultant:
Name of Ward and phone number:
Contact on home team and number:

Date of Injury:	Mechanism and Other information:

	Details of Injuries	Treatment Details	Date of treatment	Implants used
1				
2				
3				
4				

	Co-Morbidities
1	
2	
3	

Guidance Notes

1. Please do not delay surgery such as relook of wound etc. pending transfer
2. Please follow NICE guidance for anticoagulation in trauma
3. Please instruct your Radiology department to transfer imaging to our PACS or send a CD
4. Please ensure that copies of notes accompany the patient
5. Please ring 0113 243 2799 ask for the Major Trauma Consultant on call

Name of person completing response and grade:	Contact number:

Please complete promptly and return to leedsth-tr.MTCCaseManagers@nhs.net Any problems please
bleep the MTCM #2661 through switch board at the LGI or call them on 07920757283