**PHOENIX STROKE CLUB - PROSPECTIVE MEMBER REFERRAL DETAILS**

**DATE: REFERRAL SOURCE:** GP/Dr Bailey/ Community Rehab/ Adult Services/Other

**NAME and CONTACT DETAILS OF PERSON MAKING REFERRAL:**

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| **SURNAME:** | **NAME:** |
|  |  |
| **ADDRESS** | **PHONE NO:** |
|  |  |
| **DOB:** | **ETHNIC GROUP:** |
| **EMERGENCY CONTACT/ NEXT OF KIN DETAILS** |
| **ADDRESS and PHONE NO (including work/ mobile/daytime:** |
| **MEDICAL HISTORY:** |
|  |
| **CARERS INFORMATION:** |
| **How many carers will benefit if this person attends Phoenix?*****(NB: do not include paid personnel who may assist)*****What are the ethnic groupings of these carers?** |
| **WHICH GROUPS?** |
| **Social day: Mon/Tues or Weds.****Communication Group: Thurs a.m. only** |