

PHOENIX STROKE CLUB - PROSPECTIVE MEMBER REFERRAL DETAILS

DATE: REFERRAL SOURCE: GP / 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? <i>(NB: do not include paid personnel who may assist)</i>	
What are the ethnic groupings of these carers?	
WHICH GROUPS?	
Social day: Mon/Tues or Weds.	
Communication Group: Thurs a.m. only	