# Stroke Recovery Service Referral Form

Please return completed forms to: hartlepool.team@stroke.org.uk

\*Required Fields

**Referrer’s Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Your name & role: |  | \*Organisation: |  |
| \*Contact number: |  | \*Email: |  |

**Client Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Client name: |  | \*Date of Birth: |  |
| \*Address: |  | GP Details: |  |
| \*Client contact number: |  | Date of stroke (if known) |  |
| Lives alone? |  | Status (married, single, divorced, widowed): |  |
| Ethnicity: |  |  |  |
| \*Reason for referral |  |
| \*Known risks to staff/others? (re: lone working) |  |

If you would like to discuss a potential referral please contact:

Jemma Harris Hartlepool Stroke Recovery Support Coordinator- 01429 894349