

Learning Disabilities Acute Liaison Nurse Team Referral Form For Planned Admissions

PATIENT DETAILS:	GENERAL PRACTITIONER/PSYCHIATRIC CONSULTANT DETAILS:
Name: Address: D.O.B: NHS Number: Hospital "S" Number: Nominated Carer Involved:	Name Address: Phone: .

Reason for Referral (include date and time):

This Referral is For:

Information

Action

Name and contact details of Referrer:	
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Is the patient aware of the referral:	
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Return to:
 Katrina Dickens, Learning Disability Acute Liaison Lead Nurse Practitioner,
 The Equality Office, Leicester General Hospital, Gwendolen Road, Leicester. LE5
 4PW
 Email: Katrina.Dickens@uhl-tr.nhs.uk