

**INTEGRATED NEUROLOGICAL SERVICES  
REFERRAL FORM**

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Telephone: 020 8755 4000  
E-mail: [admin@ins.org.uk](mailto:admin@ins.org.uk)

**IMPORTANT: INS WILL ONLY ACCEPT REFERRALS IF CLIENTS HAVE GIVEN INFORMED CONSENT TO BE REFERRED TO INS FOR TREATMENT.**

If you are not the client, do you have consent to refer?     YES                                       NO

*Please fill in ALL sections of the referral form, otherwise this referral cannot be processed*

**Client information**

<b>Last name</b>		<b>First name</b>		<b>Title</b>	
<b>Address</b>		<b>Date of birth</b>			
		<b>Telephone number(s)</b>			
<b>Postcode</b>		<b>NHS number</b>			
<b>Borough</b>		<b>E-mail</b>			

**Emergency contact**

<b>Last name</b>		<b>First name</b>		<b>Title</b>	
<b>Address</b> (if different from above)		<b>Telephone number(s)</b>			
<b>Relationship to person being referred</b>		<b>E-mail</b>			

**Health and Social Care Professionals involved**

<b>GP's name, GP surgery &amp; address</b>		<b>Have you been seen by your NHS community therapy team?</b>	<input type="checkbox"/> Richmond community team <input type="checkbox"/> Hounslow community team <input type="checkbox"/> Other <b>If so, when was this?.....</b>
<b>Telephone number</b>		<b>Key professionals</b>	

**PLEASE ATTACH ANY RELEVANT MEDICAL OR THERAPY REPORTS TO SUPPORT THIS REFERRAL**

**NEUROLOGICAL CONDITION(S) and details of any other long-term conditions**

<b>Diagnosis</b>		<b>Date of diagnosis</b>	
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<b>Other medical history</b>			
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<b>What are your main difficulties/concerns?</b>			
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**Reason for referral**

<p><b>Communication</b>          What is the best method of contacting you? (e.g. telephone, e-mail, need for interpreter?)</p>			
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**Safety/safeguarding**

<p><b>Any known safety/safeguarding issues? (i.e. considering lone visits)</b>    <input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If YES, please specify here.....</p>			
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*Charges may apply for services. For further information visit: <https://www.ins.org.uk> or contact INS.*

**INS may hold, process and share your information and data with other health and social care professionals such as your GP involved in your treatment.**

**Please see our Privacy Notice for information on how we process your data by visiting our website: <https://www.ins.org.uk/privacy-policy>**

<b>Referrer name</b>		<b>Organisation</b>	
<b>Telephone number(s)</b>		<b>Profession (if applicable)</b>	
<b>E-mail</b>		<b>Date sent</b>	

*This referral contains confidential information and is intended only for INS. you should not disseminate, distribute or copy this information. Please notify [admin@ins.org.uk](mailto:admin@ins.org.uk) immediately by e-mail if you have received this information by mistake and shred hard copies or delete this e-mail from your system. E-mail transmissions cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. INS therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of e-mail transmission.*

*You may contact us at any time to unsubscribe from our communications.*

INS receive grants from local authorities / NHS and others. They require us to monitor the users of our services. We need to hold information about you to help us provide services. We may share this with NHS and local authorities in a way you cannot be identified. When we record and use your personal information, we only access it when we have good reason, only share what is necessary and don't sell it to commercial organisations. **Please note this part of the referral is not mandatory and you should only complete the next section if you are the person being referred.**

**Please tick the relevant answers below:**

<p><b>Your age group:</b></p> <p><input type="checkbox"/> 18-24  <input type="checkbox"/> 25-40  <input type="checkbox"/> 40-64  <input type="checkbox"/> 65-74  <input type="checkbox"/> 75-84  <input type="checkbox"/> 85+  <input type="checkbox"/> Rather not say</p>	<p><b>Your gender:</b></p> <p><input type="checkbox"/> Male  <input type="checkbox"/> Female  <input type="checkbox"/> Other  <input type="checkbox"/> Rather not say</p>
<p><b>Your sexuality:</b></p> <p><input type="checkbox"/> Bisexual  <input type="checkbox"/> Gay  <input type="checkbox"/> Heterosexual  <input type="checkbox"/> Lesbian  <input type="checkbox"/> Other  <input type="checkbox"/> Rather not say</p>	<p><b>Your ethnicity:</b></p> <p><input type="checkbox"/> Asian or Asian British: Afghan  <input type="checkbox"/> Asian or Asian British: Any other background  <input type="checkbox"/> Asian or Asian British: Bangladeshi  <input type="checkbox"/> Asian or Asian British: Indian  <input type="checkbox"/> Asian or Asian British: Pakistani  <input type="checkbox"/> Black: African  <input type="checkbox"/> Black: British  <input type="checkbox"/> Black: Caribbean  <input type="checkbox"/> Black: Other  <input type="checkbox"/> Mixed: Asian/White  <input type="checkbox"/> Mixed: Black African/White  <input type="checkbox"/> Mixed: Black Caribbean/white  <input type="checkbox"/> Mixed: Black/Asian  <input type="checkbox"/> Mixed: Other  <input type="checkbox"/> Other Ethnic Group: Any other ethnic group  <input type="checkbox"/> Other Ethnic Group: Chinese  <input type="checkbox"/> Other Ethnic Group: Japanese  <input type="checkbox"/> Other Ethnic Group: Middle Eastern  <input type="checkbox"/> White: Any other background  <input type="checkbox"/> White: British  <input type="checkbox"/> White: Eastern European  <input type="checkbox"/> White: European  <input type="checkbox"/> White: Gypsy/Roma  <input type="checkbox"/> White: Irish  <input type="checkbox"/> White: Traveller  <input type="checkbox"/> Rather not say</p>
<p><b>Do you live alone?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Rather not say</p>	

<b>Your Religion:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Atheist</li><li><input type="checkbox"/> Buddhist</li><li><input type="checkbox"/> Christian</li><li><input type="checkbox"/> Hindu</li><li><input type="checkbox"/> Jewish</li><li><input type="checkbox"/> Muslim</li><li><input type="checkbox"/> None</li><li><input type="checkbox"/> Other</li><li><input type="checkbox"/> Sikh</li><li><input type="checkbox"/> Rather not say</li></ul>	<b>Do you have a Physical /Sensory Disability or Long-term condition?</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Rather not say</li></ul>
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If you have any questions, please contact INS at [admin@ins.org.uk](mailto:admin@ins.org.uk) or telephone 020 8755 4000