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## Westlands Rehabilitation Unit

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74 Kenton Road , Harrow, Middlesex HA3 8AE  
Tel: 020 8907 0770 Fax: 020 8907 0772 [www.cygnethealth.co.uk](http://www.cygnethealth.co.uk)

### INITIAL REFERRAL FORM

As soon as we receive your referral, we will contact you for further information and to arrange an assessment. Please be aware that part of our assessment process is to request current medical, nursing and social services reports.

Date of referral:.....

Name of referrer:.....

Post held: .....

Address:.....  
.....

Telephone No:..... Fax No:.....

Health Authority/Trust/Hospital/Social Services Dept./Area:  
.....

Patients Name:.....Sex: M/F

D.O.B:.....Age:.....

Current Address.....  
.....

Please give a brief summary of diagnosis and present problems, both medical and social:

Section of the Mental Health Act (if applicable):.....

Comments.....

Please note any other behavioural problems or history and type of therapy they are receiving at the moment:

Any other information:

Signature of referrer:.....

Thank you for completing this form. Please return to the address above, or fax to Michael Ramcharun (Unit Manager) on 020 8907 0772.