

Parkinson's Community Nurse Service - Referral Form

Please be aware that incomplete or illegible referrals will be returned, causing a possible delay in assessment and treatment.

Patient details:

Title:	Date of birth:	Gender:
Surname:		Forename:
Address:		
Current location of patient:		
Patient telephone:	NHS number:	
Confirmed diagnosis: ☐ Yes ☐ No	Patient consented to this referral: ☐ Yes ☐ No	
Any other information we should be aware of:		

Referral details:

Reason for referral and diagnosis:

Relevant medical history (including current mobility and functional levels):

Signature of referrer:

Print name:

Address:

Designation:

Date:

Telephone number:

Please send completed referral to: parkinson.comnurse@nhs.net

Or, by post to:

**Parkinson's Community Nurse Service,
East Lancashire Alliance
Empire Business Centre
Empire Way
Burnley
BB12 6HA**

Please ensure all sections of the referral form are completed. All referrals will be triaged and prioritised upon receipt. Any information contained in this referral is subject to the 2018 Data Protection regulations.

Please call **01282 222 688** for any queries relating to the Parkinson's Community Nurse Service

Referral criteria

- Patient must have a confirmed diagnosis with current medication summary
- Copy of confirmation of diagnosis
- Patient must be resident in East Lancashire (comprising Burnley, Hyndburn, Rossendale, Pendle and Ribble Valley, Blackburn and Darwen).