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| **Date: NHS:**  **Surname: M / F**  **Forename: Date of birth:**  **Address:**    **Postcode:**  **Tel:**  **Mob:**  **E Mail:** | **GP name:**  **Practice:**  **Postcode:**  **Tel:** |
| Diagnosis: |
| **NB**: The service only sees patients witha  ***neurological*** diagnosis. Date of diagnosis: |
| **Reason for referral / presenting problem (inc. date of onset if appropriate)**  *Please attach any relevant documents eg. medical reports, GP summary* | |
| *Please continue on next page* | |
| **Waiting time is routinely 14 weeks. If the referral is urgent please contact the Physiotherapist** | |
| **Referrer’s Name:**  **Address:**  **Tel:**  **Relationship to client: Client aware of referral? : Y / N**    **Any information to ensure therapists access/safety? Y / N Details:** | |

* Email to: [oxfordhealth.PDPSreferral@nhs.net](mailto:oxfordhealth.PDPSreferral@nhs.net)or[PDPSReferral@oxfordhealth.nhs.uk](mailto:PDPSReferral@oxfordhealth.nhs.uk)
* Post to Jane Stoackley: PDPS Administrator, Abingdon Community Hospital, Marcham Road, Abingdon, Oxon OX14 1AG.

Please contact the Physiotherapist in your area should you need to discuss a referral:

**Contact Details**

Base Telephone no: Email

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**Jane Stoackley (admin)** Abingdon 01865 904868 jane.stoackley@oxfordhealth.nhs.uk

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| **Referral information –** *continued* |