

## Spinal Cord Injury ABR Referral Form

The purpose of this form is to support a Spinal Cord Injury Centre's referral for a programme of 6 one-hour weekly sessions of Activity-based Rehabilitation (ABR) at any one of Neurokinex's UK centres.

**This scheme is for individuals who have sustained a spinal cord injury within the last twelve months.**

Please complete and return the form by either emailing a copy to [info@neurokinex.org](mailto:info@neurokinex.org) or posting the original to Neurokinex, Ground Floor, North Wing, Focus 31, Mark Road, Hemel Hempstead, HP2 7BW.

**Patient Name:**

**Patient DOB:**

**Patient telephone number:**

**Patient email address:**

**Description of condition:**

**Date of diagnosis:**

**Discharge ASIA and SCIM scores if possible:**

**Spinal Injuries Centre:**

**Date of discharge:**

**Preferred Neurokinex centre:** Hemel Hempstead / Bristol / Gatwick

I hereby consent to my patient taking part in a physical activity programme. I can confirm there is no evidence to suggest that taking part in a supervised physical activity programme will adversely affect the health of my patient.

**Signed:**

**Print Name:**

**Date:**

**SCI Consultant/Physio/OT/CLCNS**

*The information in this form will remain strictly confidential.*