**Neurosurgical repatriation to Kent and Canterbury Hospital**

**All sections must be completed**

Name:

DOB:

Ward:

Consultant:

Primary Diagnosis:

Other active medical issues:

Co-morbidities:

Current neurological deficit (e.g. weakness, speech, cognition etc):

Therapy or mobilisation restrictions and duration:

VTE prophylaxis status:

Tracheostomy in situ:

Plan including follow up:

Has an image transfer request been made:

**(All images MUST be transferred to Canterbury prior to transfer.)**

Name of referrer

Contact details of referrer