

## The Irish Heart Foundation Stroke Connect Service - Referral Form

The Stroke Connect Service (SCS) is the first point of contact for stroke survivors with the Irish Heart Foundation Stroke support services.

The service provides 12 weeks of emotional and practical support to adults over the age of 18, who have had a stroke and have been discharged home from hospital.

The service offers weekly phone calls, providing information, signposting, health advice and the option of a range of additional services, including, counselling, online exercise groups, peer -to- peer support and self-management /education programmes.

If you agree to be contacted by this service, an Irish Heart Foundation nurse will be in touch with you to assess your needs.

After completing the Stroke Connect Service, there is the option of accessing additional IHF services, both long and short term.

If you have any questions about making a referral to Stroke Connect please contact [referrals@irishheart.ie](mailto:referrals@irishheart.ie)

### Client data consent

The IHF honours our service users' rights to data privacy and protection. We only collect and process personal information needed to provide you with services.

For more information: <https://irishheart.ie/privacy-policy/>

**I am happy to be contacted by the IHF by phone about the Stroke Connect Service**

**Yes/No**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Client or Next of Kin)

### Person making referral (please tick the relevant box below)

- Health or Social care Professional
- Family member, carer or friend
- Person needing the service

**Name of Person needing the Service;** \_\_\_\_\_

**Name of person making the referral:** \_\_\_\_\_

**Address/Hospital:** \_\_\_\_\_

<p>_____</p> <p>Phone number: _____ Email: _____</p>
--

<b>Details of person needing the service</b>	
<b>Name</b>	
<b>Address &amp; Eircode</b>	
<b>CHO Area – if applicable</b>	
<b>Contact phone Number</b>	
<b>Email (if available)</b>	
<b>Next of Kin/emergency contact details</b>	
<b>Date of birth</b>	
<b>Date of stroke</b>	
<b>Hospital attended (for stroke)</b>	
<b>Date of discharge from Hospital</b>	
<b>GP name and phone number</b>	

## Health Information

<p><b>Please provide details on any <u>ongoing</u> stroke related difficulties including any communication problems?</b></p>	
--	--

<b>Any other relevant information to support this referral?</b>	
---	--

Please email this form to [referrals@irishheart.ie](mailto:referrals@irishheart.ie) or post to

**The Stroke Connect Service (SCS co-ordinator,  
The Stroke Connect Service,  
The Irish Heart Foundation,  
17-19 Lower Rathmines Road,  
Rathmines,  
Dublin 6  
D06C780**