

Irish Heart Foundation Stroke Connect Service - referral form

To process this referral as quickly as possible, please ensure you give as much information as you can. Incomplete forms may need to be returned.

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

The service provides 8 weeks of emotional and practical support to adults over the age of 18, who have had a stroke and 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

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. I understand that the IHF may contact my next of kin, if they are unable to contact me.

Signed: _____
(Client or Next of Kin)

Date: _____

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

Phone number

Email

Details of person needing the service

Name

Address and Eircode

CHO area

Contact phone number

Email (if available)

Next of kin or emergency contact details

Date of birth

Date of stroke

Hospital attended (for stroke)

Date of Discharge from Hospital

GP Name and phone number

Health Information for the person needing the service.

Please tick "yes" or "no" in all boxes as appropriate

<ul style="list-style-type: none">• Have you any ongoing stroke related difficulties including any communication problems? Yes No • Have you any language or other communication barriers? Yes No	Please give details:
<ul style="list-style-type: none">• Have you been diagnosed with any progressive or deteriorating conditions such as Dementia, Parkinson's Disease, Multiple Sclerosis? Yes No	Please give details:
<ul style="list-style-type: none">• Please tick the following, if they have an impact on your everyday functioning. Cognition (e.g. memory, concentration) Mood (e.g. anxiety, depression) Behaviour (e.g. irritability, aggression)	Please provide more details of the impact if you wish.
<ul style="list-style-type: none">• Is there any other relevant information to support this referral?	

Please email this form to referrals@irishheart.ie or post to

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

