



HEADWAY PORTSMOUTH AND SOUTH EAST HAMPSHIRE

REFERRAL FORM

Headway Portsmouth and South East Hampshire provides services to adults with acquired brain injury as well as support to their carers, family and friends.

We accept referrals from health care professionals, support/advice agencies, social workers, family members, friends, carers or self-referrals. The following information will help us decide the most appropriate service to meet the needs of the individual. All information will be treated as confidential and in accordance with our Confidentiality policy and current Data Protection Legislation. **We need to retain this information to provide our service.**

SECTION A

Date of enquiry:	
<i>Circle appropriate</i>	Self / Family / GP / Hampshire Adult Services / Hampshire County Council / Portsmouth City Council / Ports Adult Services / Other (Please state)
Referred by:	
Name:	
Organisation:	
Dept.:	
Hospital:	
Email:	

SECTION B - Service user personal details

Name		
Address	House/ Flat No/ Street	
	Address 1	
	Address 2	
	County	
	Postcode	
	Home Telephone No	
	Mobile No	
	Email	
	NI Number	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth



Nature of brain injury: (Please tick)

Acquired:	Traumatic:
Hypoxia	Road Traffic Collision
Vascular Event (Haemorrhage, Stroke, AVM, Aneurism, TIA)	Assault
Disease	Fall
Toxicity	Penetrating Head Injury
Tumour	Other (Please specify)
Infection	
Other (Please specify)	

Please indicate type of support requested		
Self-Management strategies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Development	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Peer Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respite for Carer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carers Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Independent Living Skills	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vocational Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cognitive Rehabilitation / Enablement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information about Headway services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information about other services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information on brain injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information on legal services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signposting to relevant agencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emotional Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gosport Social Inclusion Community Outreach	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Petersfield Social Inclusion Community Outreach	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Portsmouth Social Inclusion Community Outreach	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (Please state)	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Please note; there is a charge for attending Headway Portsmouth and South East Hampshire's services. How would this be met?

- Statutory Services (need to meet criteria for funding)
- Self-directed support
- Self-funding (compensation claim/own funds)
- Other (give details)

Does the person have a Social Worker? Yes No

If No, do they need referring to Social Services? Yes No

This data will be held securely in accordance with the Data Protection Act (1998) and GDPR 2018

Thank you for supplying the information to us
Please return this form by email to info@headwayportsmouth.co.uk

Or by post to
Headway Portsmouth and South East Hants
Grandstand Suite
Mountbatten Centre
Twyford Ave
Alexandra Park
Portsmouth
PO2 9QA