

## 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:

Circle appropriate		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 de	tails
Name			
Address	House/ F	Flat No/ Street	
	Address	1	
	Address	2	
	County		
Postco		е	
	Home Telephone No		
	Mobile N	lo	
	Email		
	NI Numb	oer	
Male	F	emale 🗌	Date of birth



Next of kin						
Name						
Relationship	/51 . N / O					
Address	House/ Flat No/ Street					
	Address 1					
Address 2						
	County					
	Home Telephone No					
	Mobile No					
Key informati	on					
Please give as much information as possible about the effects of the brain injury in order to help us provide an appropriate service. If relevant please include any previous assessments, communication difficulties, and current addictions, current health needs (including mental health). Please continue on separate sheet if necessary.						
Are there any	known risks?					
Nature of bra	in injury: (Please tick)					
Acquired:	, , ,	Traumatic:				
Hypoxia		Road Traffic	Collision			
	nt (Haemorrhage Stroke AV/					
Vascular Event (Haemorrhage, Stroke, AVM,  Disease Toxicity		Fall				
	•		load Injury			
Tumour Infection		Penetrating F				
Other (Pleas	se specify)	Other (Plea	se specify)			



What is their NHS Pathway?		
What is their future Neuro referrals?		
Are their any other NHS referrals?		
Are there any drug or alcohol (ETOH) abuse?		
Are there any previous health conditions?		
Do you have their discharge papers? Yes No		
Hospital Discharge Date:		
Hospital Consultant's name and contact details:		
i i i i i i i i i i i i i i i i i i i		
Tropical Constitute of Italia and Contact details.		
Tropical Constitution and Contact details.		
Tropical Consultant o manio and contact dotails.		
Have they received Hospital rehabilitation support Yes No		
Have they received Hospital rehabilitation support Yes No		
Have they received Hospital rehabilitation support Yes No  Carers Support	Yes 🗆	No 🗆
Have they received Hospital rehabilitation support Yes No  Carers Support  Help with benefits	Yes 🗌	No
Have they received Hospital rehabilitation support Yes No  Carers Support  Help with benefits  Information about Headway services	Yes  Yes	No _
Have they received Hospital rehabilitation support Yes No  Carers Support  Help with benefits  Information about Headway services  Gosport Social Inclusion Community Outreach	Yes  Yes  Yes  Yes	No No No
Have they received Hospital rehabilitation support Yes No  Carers Support Help with benefits Information about Headway services Gosport Social Inclusion Community Outreach Petersfield Social Inclusion Community Outreach	Yes  Yes  Yes  Yes  Yes  Yes	No No No No
Have they received Hospital rehabilitation support Yes No  Carers Support Help with benefits Information about Headway services Gosport Social Inclusion Community Outreach Petersfield Social Inclusion Community Outreach Portsmouth Social Inclusion Community Outreach	Yes	No No No No No
Have they received Hospital rehabilitation support Yes No  Carers Support Help with benefits Information about Headway services Gosport Social Inclusion Community Outreach Petersfield Social Inclusion Community Outreach	Yes  Yes  Yes  Yes  Yes  Yes	No No No No
Have they received Hospital rehabilitation support Yes No  Carers Support Help with benefits Information about Headway services Gosport Social Inclusion Community Outreach Petersfield Social Inclusion Community Outreach Portsmouth Social Inclusion Community Outreach	Yes	No No No No No

PLEASE NOTE: there is a charge for attending Headway Portsmouth and South East Hampshire's services.

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 <a href="mailto:info@headwayportsmouth.co.uk">info@headwayportsmouth.co.uk</a>

Or by post to: Headway Portsmouth and South East Hampshire Mountbatten Centre Alexandra Park Portsmouth PO2 9QA