

## REFERRAL FORM

Headway Cambridgeshire provides services to adults with acquired brain injury and other neurological conditions, across Cambridgeshire, 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 and Disclosure of Information policy.

Date of referral:
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Name of person being referred:	Is this person: <input type="checkbox"/> person with brain injury <input type="checkbox"/> family member/carer/friend
Address:	Date of birth:
	Contact no:
	Email:
	Ethnicity:

Next of kin:
Address:
Contact no:
Email:

GP Details:
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**Nature of brain injury:**

**ACQUIRED :**

- Hypoxia
- Vascular Event (Haemorrhage, Stroke, AVM, Aneurysm, TIA)
- Disease
- Toxicity
- Tumour
- Infection
- Other (Please specify)

**TRAUMATIC :**

- Road Traffic Collision
- Assault
- Fall
- Penetrating Head Injury
- Other (Please specify)

Other details:

**Date of injury:** \_\_\_\_\_

**Key information**

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, current addictions, current health needs (including mental health). Please continue on separate sheet if necessary

**Are there any known risks?**

Include any lone worker risks, safe to visit at home, pets, etc.

Please indicate the type of support requested

- Self-Management Strategies
- Social interaction
- Personal development
- Development skills
- Peer support
- Respite for carer
- Independent living skills
- Support Planning
- Re-enablement
- Goal Setting
- Vocational Support
- Youth Service
- Information on Headway services
- Information on other local services
- Information on brain injury
- Benefits support
- Signposting to relevant agencies
- Emotional support
- Information on legal services
- Other (please state)

Would you envisage support to be:

- Hub based (Cambridge, Peterborough)
- Home based
- Community based

Please note; there is a charge for attending some of Headway Cambridgeshire'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

<p><b>Other agencies involved:</b></p> <p><input type="checkbox"/> Social Services</p> <p><input type="checkbox"/> Housing Support</p> <p><input type="checkbox"/> Physiotherapy</p> <p><input type="checkbox"/> Medical/therapy</p> <p><input type="checkbox"/> Neuro Trauma Clinic</p> <p><input type="checkbox"/> Neuro Psychology</p> <p><input type="checkbox"/> Other (please specify)</p>	<p>Contact details:</p>
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<p>Person making referral:</p> <p>Name:</p> <p>Address:</p>	
<p>Job Title:</p>	<p>Contact No:</p>
<p>Email:</p>	

May we contact any of the above for further information?  Yes  No

Have you had contact with Headway Cambridgeshire's Hospital Brain Injury Co-ordinator, at Addenbrooke's Hospital?  Yes  No

May we contact her for further information if necessary?  Yes  No

**Is the person aware of referral**  Yes  No

When contacting the person can we leave a message if they are unavailable?

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**Return to: Dr Sharon Buckland**  
**Services & Development Manager,**  
**Headway Cambridgeshire,**  
**The Old Maltings, Ditton Walk, Cambridge, CB5 8PY**  
**Email: [sharonb@headway-cambs.org.uk](mailto:sharonb@headway-cambs.org.uk)**

**Telephone: 01223 576550**  
**Registered Charity No. 1062886**

This form will be passed to the relevant department and someone will contact you.