Headway North Staffordshire
(Head Injuries Association) Ltd
Headway House, Elder Road,
Cobridge, Stoke-on-Trent, ST6 2JE
Tel: 01782 280952
Email:info@headwaynorthstaffs.org

Headway
NORTH STAFFORDSHIRE
Improving life after brain injury

Headway North Staffordshire Referral Form

Making a referral

Headway North Staffordshire services are available to **adults with an acquired brain injury (ABI), traumatic brain injury (TBI) or stroke related head injury**. This form can be completed by people seeking rehabilitation and respite support from Headway North Staffordshire; it can also be completed by health professionals.

What happens next?

Completed referrals can be emailed to:

admin@headwaynorthstaffs.org

You can also deliver, or post referrals to Headway House, Elder Road, Cobridge, Stoke-on-Trent, ST6 2JE

Once a completed referral form is received a member of the team will contact you to arrange a face-to-face meeting.

During the meeting you will be offered a date and time to come into Headway to look around the service and see the facilities on offer and have the opportunity to meet the members and staff.

We will also discuss our outreach / personal assistant service dependant on your needs.

Funding:

There is a daily rate charged to access all our rehabilitation and respite facilities, depending on your needs, this will be discussed during your visit to Headway House.

We can offer support to explore funding options from social care.

The outreach / personal assistant service is a separate hourly rate for social activities and varies for personal care / medication needs.

Headway North Staffordshire conforms to an Equal Opportunities Policy available on request.

PLEASE MAKE SURE YOU COMPLETE THE RISK ASSESSMENT AT THE END OF THE DOCUMENT BEFORE RETURNING THE FORM.

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Personal Details

Name:	Date of referral
Date of birth:	Gender:
NI Number:	NHS Number:
Address of person being referred:	Telephone Number Home: Mobile: Email:
What's your first language?	Do you require a translator?

Source of referral: Contact Details Address: Email: Mobile number: Home Number:	Next of kin details: Name and relationship Next of kin's address and contact details:

Primary Medical Information

GP surgery name	
Surgery address	

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Resuscitation status

What was the cause of your brain injury?			
Road traffic accident	☐	Assault	☐
Accident	☐	Stroke	☐
Tumour	☐	Brain haemorrhage	☐
Other	☐ Please specify		

When did the brain injury occur?	

Consultant's details, if applicable

Do you have any of the following?

Epilepsy	Yes / No ☐ ☐	Is it controlled? Yes No ☐ ☐

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Seizures	Yes / No ☐ ☐	Pre-warning? Yes ☐ No ☐		
Type	Petit mal ☐	Grand mal ☐	Convulsion ☐	
	Muscle spasm ☐	Drop ☐	Vacant ☐	Other ☐

Shunt	Yes / No ☐ ☐	Left side ☐ Right side ☐	Function

Anticoagulant	Warfarin (INR stable) Yes / No ☐ ☐	Aspirin Yes / No ☐ ☐

Do you have any of the following?				
Dysphagia	Do you have problems swallowing certain foods or liquids? Yes ☐ No ☐		Please provide details	
Diabetes	Yes ☐ No ☐	Is it controlled? Yes ☐ No ☐	If so, how? Diet ☐ Medication ☐	
Communication difficulties	Speech ☐	Memory ☐	Sight ☐	Hearing ☐
Wellbeing problems	Sleep ☐	Anxiety ☐	Depression ☐	Loss of appetite ☐
Sensory impairment	Touch ☐	Taste ☐	Smell ☐	Hypersensitivity ☐

Medication (including possible side effects, allergic reaction)

Additional medical information (e.g., asthma, food allergies, dietary requirements)

Current mobility	
Able to move unaided	☐
Use of a walking aid or wheelchair needed.	☐ Please specify
Please specify any restrictions / medical condition that may affect exercise	

If you have had physiotherapy in the past, please provide details		
Type of therapy	Dates	Details of physiotherapist

How we can help you

Day services

Headway North Staffordshire provides a range of day services that aid rehabilitation, develop practical skills, and give opportunities for people to socialize. Delivered from Headway House, these activities include arts and craft workshops, IT sessions, cookery classes, woodwork/carpentry training and one-to-one wellbeing sessions.

Gym and physiotherapy

Headway North Staffordshire's experienced staff work with service users to agree an individualised exercise programme, including balance retraining, strengthening exercise and cardiovascular training.

Counselling

Service users and their families can access six free one-hour counselling sessions.

Outreach

Headway North Staffordshire's experienced outreach team provide one-to-one support to people with ABI/TBI and stroke related head injuries, helping them maximise their independence both at home and in the community. Outreach workers can help people to access social activities and attend appointments. The outreach service can also provide training in aspects of day-to-day living.

Please indicate what services you are interested in.

Outreach / personal assistance	☐	Gym and physiotherapy	☐
Day services	☐	Counselling	☐

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When would you like the service to start?	

What days do you need the service delivered?

Please note that day services, counselling, the gym and physiotherapy are only available Monday to Friday.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☐	☐	☐	☐	☐	☐	☐

Your accommodation and household

What type of accommodation are you currently living in?			
Owner occupier	☐	Renting – housing association	☐
Renting – private	☐	Renting – council	☐
Family or friends	☐	Supported/sheltered housing	☐
Residential respite	☐	Hostel	☐
Shared housing	☐		

Do you need help accessing relevant services, e.g., housing officers?	

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Please tell us about other people who currently live with you, including children.		
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name	Age:	Relationship:

If you have pets, please specify.

Do you smoke in the house?

Is the property safe to enter: i.e., hoarding?

Is there adequate parking available at the property?

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Other Agency Involvement

Support from other agencies:			
Agency	**Contact person**	**Address**	**Contact details**

Please tick below any areas that you need help with

Housing e.g., suitable accommodation/ adaptations	☐	Physical health e.g., register with a doctor	☐
Tenancy issues e.g., landlord disputes	☐	Mental health and wellbeing/ signpost to services	☐
Managing money e.g., setting up direct debits/ budgeting	☐	Identification: support to access birth certificate	☐
Debt e.g., referral to services	☐	Living skills e.g., cooking, food shopping	☐
Benefits e.g., PIP / ESA	☐	Education e.g., to look for free learning	☐
History of offending/ signposting to services	☐	Local community: support to access services	☐
Drug misuse /signpost to services	☐	Alcohol misuse /signpost to services	☐
Signposting to legal advice	☐		

Income details e.g., benefits received

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Have you got permission to remain in the UK?			
Yes ☐ No ☐			
Discretionary permission	☐	Exceptional permission to remain	☐
Humanitarian protection	☐	Refugee status	☐
Indefinite permission to remain	☐		

Do you have any cultural, religious, or sexual orientation needs? If yes, how can we meet these needs?

How is your place likely to be funded?			
Self-funded	☐	Managed account	☐
Direct payments	☐	Continuing health care	☐

The consent below is to allow us to record information about your referral form

Signed by Applicant: Date:
Signed by Referrer: Date:

Form available in larger print if needed contact Headway North Staffs on 01782 28095

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Risk Assessment

Name:	Referrer Name:	Date Completed :

Risk severity & probability chart

Severity			Probability		
1	Negligible	Will not result in serious injury possibility of minor first aid	1	Extremely remote	Unlikely to occur
2	Marginal	Could cause illness injury or damage to equipment or person but result not serious	2	Remote	May occur over time
3	Critical	Can result in serious illness severe injury, to property , equipment person	3	Reasonably probable	Will probably occur
4	Catastrophic	Imminent danger wider scale illness, capability of causing death	4	Probable	Likely to occur immediately

Low Risk 1-4	Medium Risk 6-9	High Risk 12- 16

A	Physical Health	Yes	No	Severity	Probability	Risk
1	Current physical health is a concern					
2	Has acute physical health issues (mobility)					
3	Has long term physical health issues (diabetes/asthma)					
4	No access to medical care for 6 months (GP hospital)					
Additional information						

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Low Risk 1-4	Medium Risk 6-9	High Risk 12- 16

B	Anger Management	Yes	No	Severity	Probability	Risk
1	Occasional loss of temper					
2	Has repeated incident of verbal and /or physical aggression					
3	Self or others are concerned by levels of aggression					
4	Concerns of aggressive behaviour to self or others is increased due to triggers					
Additional information						

Low Risk 1-4	Medium Risk 6-9	High Risk 12- 16

C	Mental Health	Yes	No	Severity	Probability	Risk
1	Mental health diagnosis					
2	Are services involved					
3	Do you feel your mental health is of concern					
4	Do you need signposting to services					
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D	Self -Harm	Yes	No	Severity	Probability	Risk
1	Current incidents/evidence threats of self harm (please state)					
2	Previous incidents of self-harm(time frame)					
3	Previous suicide attempts / suicide thoughts(time frame)					
4	Current suicide thoughts /attempts (time frame)					
Additional information						

Low Risk 1-4	Medium Risk 6-9	High Risk 12- 16

E	Harm to others(Racial,Sexual,Physical,Intimidation)	Yes	No	Severity	Probability	Risk
1	Express intent to harm others					
2	History of harm to others/convictions					
3	Use of a weapon against another					
4	Previous /current incidents of Domestic Violence against another					
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F	Alcohol or Drug use	Yes	No	Severity	Probability	Risk
1	Do you currently drink alcohol or use illegal Drugs					
2	Do you have support from another service(workers name)					
3	Do others have concerns regarding your alcohol or drug intake					
4	Do you feel there are any triggers (stress, depression)					
	Additional information					

Low Risk 1-4	Medium Risk 6-9	High Risk 12- 16

G	Harm to children	Yes	No	Severity	Probability	Risk
1	Currently any child protection investigations going on					
2	Currently under any CIN /CAF					
3	Any convictions for harm/abuse to a child					
4	Do you have any concerns regarding your children(signposting)					
	Additional information					