Headway North Staffordshire

Referral Form

Headway North Staffordshire's services are available to **adults with an acquired brain injury (ABI), either because of trauma, stroke or disease.**

Making a referral

Complete the referral form and email to: referrals@headwaynorthstaffs.org

or post 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 at Headway House. During the meeting we will find out more about your support needs and discuss how we can help you.

Cost

There is a charge to access all our services, the charge depends on which services you need. This will be discussed prior to your visit to Headway House. You might be eligible for social care funding to help cover the costs.

About your data

Headway North Staffordshire is committed to protecting your personal data in line with General Data Protection Regulations. For Headway North Staffordshire to support individuals, we need your permission to obtain and hold your personal data. We will only disclose your personal information to third parties with your consent or in an emergency.

For more information, you can view our privacy statement here. Alternatively, you can request a copy of the privacy statement by emailing info@headwaynorthstaffs.org.

Our Services

Rehab Centre

Our centre offers a safe place for brain injury survivors to socialise, have fun and recover from their injuries. We provide a range of cognitive activities to stimulate the brain, physical activity sessions to improve health, art and craft lessons to help with fine motor skills and cookery classes to enhance life skills.

Gym and physiotherapy

Our award-winning service, delivered in partnership with Midlands Partnership University NHS Foundation Trust, provides personalised neurophysiotherapy rehabilitation plans to overcome balance, strength and mobility challenges in our well-equipped gym.

Outreach Services

Our community outreach service helps people to live independently in their own homes. Support workers can help with meal preparation, shopping, accompanying people to medical appointments or social activities

Speech and Language

Headway North Staffordshire works with an advanced speech and language therapist who will assess your communication needs, develop a personalised programme of exercises and offer regular one-to-one sessions where appropriate.

Counselling

We work with a qualified psychotherapeutic and registered membership of the British Association for Counselling & Psychotherapy. Sessions can be provided at Headway House or online to suit.

Please indicate what services you are interested in receiving:

Rehab Centre	☐	Please complete pages 3 to 7
Gym and physiotherapy	☐	Please complete pages 3 to 9
Outreach Services	☐	Please complete pages 3 to 7, 10 and 11
Speech and Language	☐	Please complete pages 3 to 7
Counselling	☐	Please complete pages 3 to 7

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
☐	☐	☐	☐	☐	☐	☐

Please indicate below what you need support with:

Managing money e.g. setting up direct debits/ budgeting	☐	Mental health and wellbeing/ signpost to services	☐
Debt e.g. referral to services	☐	Living skills e.g. cooking, food shopping	☐
Benefits e.g. PIP / Universal Credit	☐	Local community: support to access services	☐
Signposting to legal advice	☐		

Personal Details

Name:	Date of referral:
Date of birth:	Gender (optional):
Ethnicity (optional):	NHS Number:
Address:	Telephone Number Home: Mobile: Email:
What's your first language?	Do you require a translator?

Referred By **(please complete if you are making the referral on behalf of the person detailed above)**

Name:	Telephone Number:
Job Title:	Email:
Address:	

FINANCIAL

How is your place likely to be funded?					
Self-funded	☐	Local Authority funded	☐	NHS funded	☐
Is your funding already in place?		☐Yes		☐No	
Do you need assistance with funding?		☐Yes		☐No	

Primary Medical Information

GP surgery name:	Telephone number:

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

When did the brain injury occur?	
Please provide information on how this has affected you.	

About you and your health

Do you have any of the following?

Communication/Cognitive difficulties	Speech ☐	Memory ☐	Sight ☐	Hearing ☐

Mobility		
Are you able to move unaided	Yes ☐	No ☐
Please give details of any walking aid or wheelchair that you use.		

Epilepsy / Seizures	Yes ☐ No ☐	Date of last seizure
Type of Seizure		
Triggers		
Symptoms		

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

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

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? Medication ☐ Diet ☐

PEG	Yes ☐ No ☐	**Stoma**	Yes ☐ No ☐	**Catheter**	Yes ☐ No ☐

Resuscitation status Do you have a Do Not Attempt Resuscitation order in place? Yes ☐ No ☐

Medication (please provide details of any medication you take, including possible side effects)

Allergies / Intolerances (please provide details of any allergies or intolerances to medication, food, etc)

Risks

To ensure the safety of the person being referred, our staff, volunteers and others in our care, please detail any known risks we should be aware of. This could include risk taking behaviours or the home environment.

Gym Services

Have you been advised by a medical professional to avoid any high intensity exercise following your brain injury?	Yes ☐ No ☐
If yes, please provide details	

Physical Activity Readiness Questionnaire (PARQ)

If you are between 18 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patters. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read carefully and answer each one honestly.

	Yes	No
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	☐	☐
Do you feel pain in your chest when you do physical activity?	☐	☐
In the past month, have you had chest pain when you were not doing physical activity?	☐	☐
Do you lose your balance because of dizziness, or do you ever lose consciousness?	☐	☐
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	☐	☐
Is your doctor currently prescribing drugs (e.g. water pills) for blood pressure or heart condition?	☐	☐
Do you know of any other reason why you should not do physical activity?	☐	☐
If yes, please comment		

'Yes' to one or more questions
You should consult with your doctor to clarify it is safe for you to become physically active at this current time and in your state of health.

No to all questions
It is reasonably safe for you to participate in physical activity, gradually building up from your ability level.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves risk of injury.

Signature	
Print name	
Date	

Having answered 'yes' to one of the above, I have sought medical advice, and my doctor has agreed that I may exercise.

Signature	
Print name	
Date	

Outreach Service

How many hours support would you need in total?	

What days would you need the service? How many hours for each day?						
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**

How many adults (over 18) live at the property?

How many children (under 18) live at the property?

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?

Other Agency Involvement

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