



## Headway South Staffs Referral Form

### **Making a referral:**

This form may be completed by people who are seeking rehabilitation and social interaction in a day service setting, who have an acquired brain injury. Health Professionals can also complete our referral form.

### **What happens next:**

#### **This form can be completed online or printed**

Completed referrals can be emailed to:

[manager@headwaysouthstaffs.com](mailto:manager@headwaysouthstaffs.com) or [headway@headwaysouthstaffs.com](mailto:headway@headwaysouthstaffs.com)

or posted/delivered to:

Headway South Staffordshire Ltd

64b Co-operative Street

Stafford

ST16 3DA

Once we have received the completed form, we will contact you, and if applicable a taster day for the service will be offered.

### **Funding:**

There is a daily rate charged for our facilities and we can usually ask for an assessment from Social Care to take place, to assist with your placement.

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



### Individuals Details

Name:	Date of Referral:
D.O.B	Gender:
Address of person to be referred:	
Individual's relationship to the Carer?	Contact Number: Email:

### Referrer Details (if different from above)

Name:	Home Number:
Address of person being referred:	Mobile Number:
	Email:

Signed \_\_\_\_\_

Date \_\_\_\_\_



## Individuals Details Continued:

### Ethnic Origin

White		Mixed		Asian/Asian British		Black/Black British		Chinese/Other	
British		White/Black Caribbean		Bangladeshi		African		Chinese	
Irish		White/Black African		Indian		Caribbean		Other	
Other		White/Asian		Pakistani		Other			
		Other		Other					

First Language:
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### Marital Status

Single		Married/Cohabit		Separated		Divorced		Widowed	
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### Individuals next of kin

Name:	Relationship:
Address:	
Emergency Contact Number:	Email:
Relationship:	



## History of Individuals Injury/Treatment

Date Year Brain Injury occurred:
Nature / Cause of Brain Injury:
Details of pre-morbid conditions e.g., Angina, Asthma, Diabetes, Pacemaker:
Details of any present / past habitual e.g., Alcohol, Drugs, Crime:
Details of any present / past mental health conditions:
Has the individual ever been sectioned under the Mental Health Act? Y / N Details:
Name of Hospital/s where client treated & length/s of stay:
Since the brain injury, has the Individual received any specialist rehabilitation or community- based support? (E.g., Physiotherapy, Occupational Therapy, Speech & Language Therapy, Case Management / Social Worker, Day Centre's, Home Help etc) Please give specific details:

Headway South Staffordshire  
64b Co-operative Street  
Stafford  
ST16 3DA  
Tel 01785 257462  
headway@headwaysouthstaffs.com



Individuals GP Name, Address & Tel No:

Individuals Social Worker Name, Address & Tel No: (if applicable)

Individuals Case Manager, Address & Tel No (if applicable)

**Individuals Needs:** To ensure the individual receives a quality service, please provide details of any problems experienced as a result of the brain injury sustained.

**PHYSICAL:** (for example: Movement, Co-ordination, Balance, Sensation, Tiredness / Fatigue, Headaches, Epilepsy, Incontinence etc)



**COGNITIVE:** (for example: Memory, Attention, Concentration, Planning, Organising, Problem Solving, Visual-Spatial, Perception, Language etc)

**EMOTIONAL & BEHAVIOURAL:** (for example, Personality, Personal Relationships, Agitation, Anger, Irritability, Insight, Awareness, Impulsivity, Disinhibition, Apathy, Motivation, Depression, Anxiety, Inflexibility, Rigidity, Obsessionality, Sexual Problems etc)

**INDEPENDENCE:** (for example, Travel arrangements, going out to lunch etc)



Can individual travel independently? YES / NO
What are arrangements?
Lunch – Supervision required? YES / NO

**PURPOSE OF THE REFERRAL:** Please state for what reasons / benefits the individual who is being referred to this service? (e.g., skill development, socialisation, confidence building etc.)

Any other considerations to be made?

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Headway South Staffordshire  
64b Co-operative Street  
Stafford  
ST16 3DA  
Tel 01785 257462  
headway@headwaysouthstaffs.com



**Thank you for completing this Referral Form. The information provided will be treated in the strictest confidence in accordance with responsibilities laid down by the Data Protection Act 2018.**

**Please return to:**

**Headway South Staffordshire  
The Barbanell Centre, 64b Cooperative Street  
Stafford, ST16 3DA**

**Tel 01785 257462**

**Mob 07854 783987**

**[www.headwaysouthstaffs.com](http://www.headwaysouthstaffs.com)**

**[manager@headwaysouthstaffs.com](mailto:manager@headwaysouthstaffs.com)**

**We look forward to being part of your recovery**

