



REFERRAL FORM FOR HEADWAY EAST LONDON SERVICES

REFERRAL CRITERIA

Referrals must be for someone who has had an acquired brain injury (ABI).

Anyone can make a referral to Headway East London and we will consider all referrals whether from a health care professional, social worker, family member, carer or self-referral.

The person being referred should be at least 18 yrs of age. *Note: In the case of the Younger Persons Network referrals will be accepted for people who are 16 yrs of age.*

To be referred you must live in our catchment area which includes the following London Boroughs: Barking & Dagenham, Camden, Enfield, Hackney, Haringey, Havering, Islington, Kensington & Chelsea, Newham, Redbridge, The City, Tower Hamlets, Waltham Forest and Westminster.

Headway East London is unable to offer Headway East London services to people who have a progressive illness or congenital brain injuries from birth.

It is important that anyone referred to the Headway House, Discovery Programme, Volunteering Programme and the Younger Persons Network (YPN) is able to behave appropriately in a group setting. An assessment period will be required before a person is given a permanent place in any of these services.

Headway East London is only able to offer a placement at the Headway House, Discovery Programme, Volunteering Programme and the Younger Persons Network (YPN) to people with high care needs if we are confident we will be able to meet those needs within the resources available to us.

Referrals for the Headway House, the Discovery Programme, Younger Persons Network and Therapy Outreach should ideally be accompanied by at least one of the following:

- ◆ Hospital Discharge Report or a Neuropsychology Assessment.

We also request the inclusion of a Social Services Needs Assessment and Care Plan, if these are available.

If you do not have these documents you can still make a referral as we can always find out these details at a later date

Following assessment, and if deemed appropriate, we will endeavour to offer you access to one of our services however if we are unable to offer you a service we will endeavour to provide you with information about other appropriate services. Headway East London reserves the right to refuse services.

Headway East London is committed to equal opportunities; it will actively work towards becoming accessible to any member of the community who has an acquired brain injury.



Referral Contact Details

Referral Name:	
Date of Birth:	
Address:	
Phone:	
Email:	
Local Authority:	

Name of GP:	
GP Practice Name:	
Address:	
Phone:	
Email:	

Name of main carer:	
Relationship:	
Address:	
Phone:	
Email:	

Emergency contact:	
Relationship:	
Address:	
Phone:	
Email:	

Name of Care Manager:	
Team Name:	
Address:	
Phone:	
Email:	

HEADWAY EAST LONDON



Referred by (name):			
Relationship/Role:			
Address:			
Phone:		Email:	
Referral Date:			

Details of Injury

Date of injury:

Please mark any of the following causes of injury that apply to the person being referred:

- Road traffic accident
- Violent assault
- Fall
- Head damaged at work (please give details).....
- Penetrating head injury (i.e. gunshot wound, sharp implement)
- Other impact to head (please give details).....
- Vascular injury (stroke/haemorrhage/ruptured aneurism/other bleed)
- Tumour/removal of tumour
- Infection (meningitis, tuberculosis, amoebic infection)
- Hypoxic/Anoxic injury (oxygen starvation i.e. due to heart failure or during surgery)
- Other surgical injury (please give details).....
- Chronic alcoholic injury
- Toxic injury (from a substance i.e. drug over dose, poison)

Please mark any of the following areas of function the person is having difficulty with as a consequence of their injury:

- Epilepsy
- Movement
- Vision
- Hearing
- Taste/Smell
- Spatial awareness
- Speech and language
- Behaviour
- Emotions
- Memory
- Attention/concentration
- Self awareness
- Problem solving
- Other difficulties (please give details).....



HEADWAY EAST LONDON

ETHNIC MONITORING FORM

What is your ethnic group?

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A. White

- British
- Irish
- Any other White background, please state:

B. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please state:

C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please state:

D. Black or Black British

- Caribbean
- African
- Any other Black background, please state:

E. Chinese or other ethnic group

- Chinese
- Any other, please state:
