REFERRAL FORM FOR SERVICES

Headway East London (HEL) is a charity which supports people affected by brain injury. This includes provision of specialist services for brain injury survivors, their friends, families and carers.

For full information about our services please call the office on 0207 749 7790 or visit our website: headwayeastlondon.org or request a copy of our service specification.

FUNDING FOR HEADWAY SERVICES

Services	Price
Casework Service	Free to access - Short term pieces of information, advice, advocacy & support groups
Day Services	£107.29 per day placement (excluding transport)
Community Support Worker Service	Standard rate - £26.93 p/h (inclusive of reasonable expenses) Minimum service provided, 4 hours per week.
Neurological Therapy Service	Price on application

Referrals for the Enfield Brain Injury Service require a different form. Please see our website for more information

REFERRAL CRITERIA

- Anyone can make a referral.
- Referrals must be for someone who has had an acquired brain injury (ABI) and is over 16 years old.
- Headway East London does not offer services to people who have a progressive illness or who have had a brain injury at birth.
- Headway East London is only able to offer placements/services to people with high care needs if we are confident we will be able to meet those needs.

To be referred you must live in our catchment area which includes the following London Boroughs:

Barking & Dagenham	Havering	Tower Hamlets
Camden	Islington	Waltham Forest
Enfield	Newham	Westminster
Hackney	Redbridge	
Haringey	The City	

Referrals must be accompanied by at least one of the following documents about the person's injury:

- Hospital Discharge Report
- Neuropsychology Assessment
- Therapy/Rehabilitation Discharge Report
- Report from Current Therapist
- Social Services Needs Assessment

REFERRAL INFORMATION

Free to access service

Casework Service ☐

Funded services

Day Service ☐
Community Support Worker Service ☐
Neurological Therapy Service (Fees apply for all therapy services)
    Physiotherapy ☐
    Occupational Therapy ☐
    Psychotherapy ☐
    Neuropsychology ☐
    Complementary Therapies (Inc. Craniosacral therapy) ☐

Funded service must have information on who is going to pay

- If it's a local authority paying for the service a referral to their access team must be made with information on the service and costings and a request for a care needs assessment.
- If the NHS will be paying we will need funding confirmation from the Clinical Commissioning Group/Health Commissioning service.

If this is a self-referral we can help with the above

Referral date	
Name of person being referred	
Date of birth	
What gender do you identify with?	Male Female Other:
Address	
Phone	
Email	
Local authority	

Referred by (name)	
Relationship / role	
Address	
Phone	
Email	

Name of main carer/ next of kin	
Relationship	
Address	
Phone	
Email	

Date of referral to the Access to Adult Social Care Team	
Date of most recent Care Needs Assessment	
Has funding for Headway Services been agreed? If yes, please provide proof of funding.	

Social Worker	
Address	
Phone	
Email	

Therapist/Therapy Team	
Type of therapy	
Address	
Phone	
Email	

Name of GP	
GP practice name	
Address	
Phone	
Email	

DETAILS OF INJURY

Date of injury/diagnosis	
Name of hospital attended	
Dr / Consultant / Neurosurgeon	

Acquired Brain Injury:

- ☐ Vascular e.g. stroke, haemorrhage (please give details)
- ☐ Viral e.g. meningitis (please give details)
- ☐ Tumour (please give details)
- ☐ Hypoxic / anoxic (please give details)
- ☐ Encephalitis (please give details)
- ☐ Other (please give details)

Traumatic Brain Injury:

- ☐ Road traffic collision (RTC) (please give details)
- ☐ Assault (please give details)
- ☐ Fall (please give details)
- ☐ Other (please give details)

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

- ☐ Epilepsy
- ☐ Movement/Mobility
- ☐ Vision
- ☐ Hearing
- ☐ Taste/Smell
- ☐ Speech and language
- ☐ Behaviour
- ☐ Emotions
- ☐ Memory
- ☐ Attention/concentration
- ☐ Self-awareness/Insight
- ☐ Problem solving
- ☐ Pain
- ☐ Transfers
- ☐ Fatigue
- ☐ Other difficulties

(Please give details):

MEDICAL CONDITION

Please give a brief description of any significant medical conditions we should be aware of:

RISKS

- ☐ History of self-harm (please give details)
- ☐ Current self-harm (please give details)
- ☐ Suicidal ideation (please give details)
- ☐ Previous suicide attempt (please give details)
- ☐ Forensic History (please give details)
- ☐ Previous harm to others (please give details)
- ☐ Current risk to others (please give details)

HEL is committed to protecting all personal information collected, is transparent about why we do so, and what we do with it. For full details please see the Privacy Policy section on our website http://headwayeastlondon.org/page/privacy-policy/

Please send the completed form to:

Headway East London
Bradbury House
Timber Wharf, Block B
238-240 Kingsland Road
London E2 8AX

Tel: 020 7749 7790

Fax: 020 3582 4688

Email: info@headwayeastlondon.org

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CONSENT TO PROCESS & SHARE INFORMATION FORM

To help Headway East London support you more effectively, we may be required to provide information to, and receive information from, other parties involved in supporting you. This helps everyone work together. Wherever possible we will ask your permission to pass information on. All information will be held in the strictest confidence and will only be available to security cleared staff and/or volunteers on a 'need to know' basis. Personal details are stored on Secure, Data Protection compliant databases.

By signing this referral / consent form, you are positively "opting-in" for HEL to process relevant personal information required to provide support/ a service.

You are able to withdraw consent at any stage by explicitly i.e. clearly & definitively, communicating this to HEL. Withdrawal of consent may affect our ability to make contact with third parties regarding your support, and may affect our ability to support you in certain cases. Information regarding HEL's Data Protection & Privacy Policy are below. For full details please see our website http://headwayeastlondon.org/page/privacy-policy/

To assist with my support, I consent to HEL storing & processing my personal information using their secure physical & online systems (accessible to relevant security cleared HEL staff involved in my support) in line with HEL Data Protection Policies (detailed on the sheet below and on HEL website) ☐

To assist with my support, I consent to HEL sending and receiving information to & from relevant agencies/professionals involved in, or required to be involved in, my support. This may include (but is not limited to) My Local Authority, Social Workers, Hospital Staff, My GP, Therapy personnel, Housing Staff, Benefit Agencies and Other Relevant statutory agencies/personnel ☐

If your information is requested by a Court of Law, the Police or a similar legal/statutory body, you may have limited or no right to refusal

I do not consent to HEL sending and receiving information to/from the following:

(Please state): ______________________________

Referee Signature ______________________________

Printed Name ______________________________

Date of Birth ______________________________

Address ______________________________

Date: ______________________________

Witness / Carer signature ______________________________

Printed Name ______________________________

Relationship to person ______________________________

ETHNIC MONITORING FORM – What is your ethnic group?

There is no obligation to complete this section – Data provided may be anonymously shared with boroughs

Choose one section from A to F, and then tick the appropriate box to indicate the cultural background of the person being referred.

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:

F. Not Stated

☐ Prefer not to say