

Head Injury Therapy Unit

Frenchay Beckspool Building

Frenchay Park Road

Bristol, BS16 1LE **Tel: 0117 414 3280**

<http://www.nbt.nhs.uk/our-services/a-z-services/head-injury-therapy-unit-hitu>

**Referral Form**

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| **Criteria for Referrals:**  Medically Stable Outpatient, Aged over 16 years, Non-progressive Traumatic Brain Injury, requires multi-disciplinary neuro-rehabilitation, needs would not be best met by another service. | | | | |
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| **Referral Details:** | | | | |
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| Name of Referrer: | |  | Date of referral: | |
|  | | | | |
| Relationship to patient: | | | | |
|  | | | | |
| **Contact Details:**  **(Including Telephone)** | | | | |
| **Patient Details:** | | | | |
|  | |  |  | |
| Name of Patient: | |  | D.o.B | |
|  | |  |  | |
| Patient Contact details  (Including Telephone) | |  | Date of brain injury: | |
|  | |  |  | |
| Patient NHS No. | |  | Diagnosis | |
|  | | | | |
|  | |  | Severity of injury  (GCS, PTA, etc) | |
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| **History:** (including relevant past medical, psychiatric/psychological, forensic and social history) | | | | |
| **Risks Identified:** (including risks from patient or persons connected with the patient noting that staff sometimes see patients in their own homes)  Verbal/Physical Abuse/:  Substance Misuse and Alcohol:  Psychiatric Risks including self-harm: | | | | |
| Current problems/ **Difficulties** | **Description of Problem** | | | **Severity / Level of**  **Interference**  **1= (least)**  **10= (most)** | |
| Emotion/Adjustment e.g. anxiety,  depression, anger |  | | |  | |
| Cognitive e.g. concentration,  memory |  | | |  | |
| Speech & Language e.g. clarity, word finding, swallowing |  | | |  | |
| Physical e.g. balance, weakness  coordination |  | | |  | |
| Activities of Daily Living e.g. independence, work integration |  | | |  | |
| Psychosocial e.g. family stress, carer support |  | | |  | |
| Behaviour e.g. impulsivity  inappropriateness |  | | |  | |
| Medical e.g. diabetes, epilepsy |  | | |  | |
| Psychiatric e.g. mental illness,  substance dependence |  | | |  | |

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| Any other services Currently involved: (please provide contact details) |

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| GP Contact Details: (please complete in all cases unless referrer is the patients GP) |