

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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| **Referral Criteria:**   * Aged over 16 years. * Medically stable outpatient * Non-progressive moderate or severe traumatic brain injury (based on GCS, PTA & neuroimaging results) * Requires multi-disciplinary neuro-rehabilitation. * Needs unable to be met by any other service. | | | | | |
| **Referral Details** | | | | | |
| **Name of Referrer:** |  | | **Date of referral:** | |  |
| **Relationship to patient:** | | | | | |
|  | | | | | |
| **Address of referrer:**  **Telephone number:** | | | | | |
| **Patient Details** | | | | | |
| **Name of Patient and NHS No.:** |  | | | **D.O.B.** |  |
| **Patient address and telephone number:** |  | | | **Severity of injury**  **(GCS, PTA, etc):** |  |
| **Date and details of brain injury:** |  | | | | |
| **Reason for referral** | | | | | |
| Support with managing cognitive difficulties (e.g. attention or memory difficulties)  Support with managing activities of daily living  Neuro physiotherapy (e.g. vestibular difficulties, postural management, exercise programme)  Psychological therapy for mood or anxiety disorder  Anger management  Behaviour support (e.g. support for families/carers in managing with behaviours that challenge)  Support with social and communication skills  Support with community access  Support with return to work  Other (please provide details below)  **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** | | | | | |
| **Other agencies involved and contact details:** *(e.g. social services, mental health team)* | | | | | |
| **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/: Other:  Substance Misuse and Alcohol:  Psychiatric Risks including self-harm: | | | | | |
| **Current problems/** **difficulties** | | **Description of Problem** | | | |
| **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 | |  | | | |
| **Other** | |  | | | |

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

**Please email this completed form to:** [**HITU@nbt.nhs.uk**](mailto:HITU@nbt.nhs.uk)