

Headway Northampton

Referral Form

Headway Northampton will treat all information as confidential and it will be kept in line with the Data Protection Act 2018 and the General Data Protection Regulations 2018.

To view our privacy policy please follow the link:

<https://www.headwaynorthampton.org.uk/privacy-policy.html>

Private and Confidential



Caring is our concern

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www.headwaynorthampton.org.uk**

**Registered Charity No. 1158332
Headway Northampton is a Charitable Incorporated Organisation
and a not for profit organisation.
We are affiliated to Headway – the brain injury association.**

HEADWAY NORTHAMPTON REFERRAL FORM

PRIVATE AND CONFIDENTIAL

DATE OF FORM:

N.I number (if known)

N.H.S. number (if known)

Clients Details:

Mr/Mrs/Miss/Ms/Other

Surname

Forename/s:

Other Names:

Address:

Area:

Town:

County:

Postcode

STD Code:

Email

Telephone No:

Mobile No:

Date of birth:

Date of Injury:

Nature of Injury:

Or Reason for Referral:

Gender:

Prefer not to state:

Nationality:

Prefer not to state:

Ethnic Origin:

Prefer not to state:

Religion:

Prefer not to state:

Marital Status:

Any Children? Yes/No How Many?

Do they live at home? Yes/No

Interpreter Needed: Yes/No

Ages:

Next of Kin

First name:

Surname:

Relationship:

Address (if different from above):

Area:

Town:

County:

Postcode:

Emergency Contact No:

STD Code:

Email:

Telephone No:

Mobile No.

HEADWAY NORTHAMPTON REFERRAL FORM (Continued)

Do you smoke? Yes/No

Please give details of intake:

Drink Yes/No

Please give details of intake:

Take other substances? Yes/No

Prescribed medication:

Does the client suffer from any of the following:

Epilepsy Yes/No Hypertension Yes/No

Diabetes Yes/No Asthma Yes/No

Any other conditions Yes/No Please give details

Medication/s taken for above condition/s or any other conditions:

Please give details regarding any severe seizure management e.g administering of medication etc

Any known allergies:

Does the client have a history of mental health problems:

Any previous serious accidents or injuries to brain injury? Yes/No

If Yes, please give details:

GP

First name:

Surgery Name:

Address:

Surgery Name:

Area:

Town:

County:

Postcode:

Email:

Surname:

Telephone No:

Mobile No:

Details of any other professionals involved with rehabilitation and care**Professional Involved**

Company:

First Name:

Address:

Area:

Town:

County:

Postcode:

Telephone No:

Mobile No:

Surname:

Ext:

Email:

Professional Involved:

Company:

First Name:

Address:

Area:

Town:

County:

Postcode:

Telephone No:

Mobile No:

Surname:

Ext:

Email:

Name of Referrer:

Date of Referral

Status of Referrer:

Company:

First Name:

Address:

Area:

Town:

County:

Postcode:

Telephone No:

Surname:

Details of any other professionals involved with rehabilitation and care

Mobile No: _____

Ext: _____

Email: _____

Hobby's & Interest:

Basis for Referral

Please give as much information as possible

Physical Disabilities	Y/N	Mobility	Y/N
Difficulties with daily living skills	Y/N	Difficulties with personal skills	Y/N
Speech problems	Y/N	Ability to communicate verbally	Y/N
Sensory Deprivation	Y/N	Lack of motivation	Y/N
Easily fatigued	Y/N	Irritability	Y/N
Memory problems	Y/N	Concentration problems	Y/N
Depression	Y/N	Mood swings/changes	Y/N
Personality change	Y/N	Lack of insight	Y/N
Inappropriate Behaviour :		Difficulties in relationships	Y/N
Over Familiarity	Y/N	Difficulties in home situation	Y/N
Verbal aggression	Y/N	Financial difficulties	Y/N
Physical aggression	Y/N	Sleep disorders	Y/N
Sexual	Y/N	Social integration	Y/N
Loss of Confidence	Y/N	Obsessions	Y/N

Does the client need help toileting

Yes/No

OFFICE USE

Category:

Initial Placement:

First Assessment Date:

Review Date:

PRIVACY NOTICE

We are committed to protecting your personal information and being transparent about what we do with it, no matter how you interact with us.

We are committed to using your personal information in accordance with our responsibilities. We are required to provide you with the information in this Privacy Notice under applicable law which includes:

The Data Protection Act 1998, which will be replaced by the General Data Protection Regulation (EU) 2016/679 from 25 May 2018.

The Privacy and Electronic Communications (EC Directive) Regulations 2003.

Processing of your personal information is carried out by Headway Northampton CIO for the use of Headway Northampton C.I.O. and to benefit the client. We will not do anything with your information that you wouldn't reasonably expect.

Data protection law recognises that certain types of personal information are more sensitive. This is known as 'sensitive' or 'special category' personal information and covers information revealing racial or ethnic origin, religious or philosophical beliefs and political opinions, trade union membership, genetic or biometric data, information concerning health or data concerning a person's sex life or sexual orientation.

Sensitive information will only be collected where necessary, for example, we may need to collect health information from you when you are referred to our service following a brain injury. This information will be treated, in the strictest confidence, and is used to ensure we have as much information as possible to enable us to provide the best therapy to aid your recovery.

Who do we share your information with?

We will only use your information for the purposes for which it was obtained. We will not, under any circumstances, sell or share your personal information with any third party for their own purposes, and you will not receive marketing from any other companies, charities or other organisations as a result of giving your details to us.

Headway Northampton CIO

to move forward, to stimulate and inspire



Headway Northampton CIO Membership Registration Form

Our service aim is to provide social and therapeutic activities in a day centre setting for those suffering the trauma of Traumatic/Acquired Brain Injury. We also offer information, support and practical advice to the Brain Injured Individual, their relatives, carers and also to professionals working in this special field of hidden disability.

We are pleased to welcome you and your family as members of Headway Northampton.

As a member we hope you are able to support our aims in helping Brain Injured people and their families, within the Community.

NAME/ORGANISATION:

(Where applicable please state Title – Mr/Miss/Mrs etc)

ADDRESS:
.....
.....

POST CODE:

TELEPHONE NO:

MOBILE NO:

EMAIL:

SIGNATURE:..... **DATE:**

Membership Fee:		
HEAD INJURED PERSON	<input type="checkbox"/>	Membership is free for attending head injured clients.
NON FAMILY MEMBERSHIP	<input type="checkbox"/>	£5.00
FAMILY MEMBERSHIP	<input type="checkbox"/>	£5.00
PROFESSIONAL MEMBERSHIP	<input type="checkbox"/>	£50.00

Please tick the appropriate box and enclosed fee (make cheques payable to Headway Northampton).

Office use only :
Membership No:
Card Sent: