**Service Criteria:**

**• A diagnosis of a Traumatic Brain Injury (TBI)**

**• 16 years of age plus**

**• Northumberland resident or registered with a GP in Northumberland.**

**• The client is considered to be able to engage with neuro-rehabilitation with realistic goals for change.**

**• Referrals for clients with historic TBI’s will be considered against the previous bullet point**

**Details of person being referred:**

Title: First name: Surname:

Date of birth: Ethnicity: Gender:

Address

including

postcode:

Telephone Number: Mobile Number:

NHS Number: RIO Number:

**Other Contact (ie, relative, carer, Care Agency, friend):**

Title: First name: Surname:

Relationship

to above:

Address and Telephone number (if different from above) including postcode:

**GP details:**

GP Name, Practice

and address:

Telephone Number:

**Referrer’s details:**

Name, address and

telephone number:

**Date of Referral: Date of Injury:**

**Does the person being referred consent to this referral YES  NO **

**and to being contacted by staff from NHIS**

**Are there any concerns with the person’s insight? YES  NO **

**History of Events:**

**Please state any pre-morbid or ongoing mental health/physical health conditions:**

**Reasons for referral/Expectations of referral:**

**Known risks:** If there are any known risks associated with the client please state below:

**Other Services Involved:**

**Please state if this person is or has been known to the Falls and Syncope Clinic:**

**Signature:**

**Date:**

**Please return this form to:**

**Northumberland Head Injuries Service Telephone no: 01670 394150**

**Druridge Email:** [**nhisadmin@cntw.nhs.uk**](mailto:nhisadmin@cntw.nhs.uk)

**St George’s Park For an electronic version of this form please email the**

**MORPETH above.**

**Northumberland**

**NE61 2NU**