**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 names: 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 including postcode and Telephone number:

**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 **

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

**History of Events:**

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

**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**

 **Medical Directorate Email:** **nhisadmin@cntw.nhs.uk**

 **Northgate Park For an electronic version of this form please email the**

 **MORPETH above.**

 **Northumberland**

 **NE61 3BP**