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**Brain Injury Rehabilitation placement referral Form**

**Referral criteria**

Inclusion

Evidence of Traumatic or Acquired Brain injury

Aged 18 years old or above

Registered with Northampton GP

Brain Injury needs to be primary need

Patient referred should have an identified potential for physical and psychological rehabilitation that required high levels of therapy interventions.

Patient should show progress in their current setting and willingness to engage in Rehabilitation

Patient should have the cognitive ability to engage in Rehabilitation

**Exclusion**

Already eligible for CHC or Adult Social care

Patients who have a severe mental state disorder

Active using drug or alcohol (may be considered if engaging in treatment)

Degenerative or progressive neurological conditions

No confirmed brain injury (special considerations will be given for people who sustained brain injury)

Already been in Rehabilitation Level 2.

Not willing to engaged in Rehab

Patient has already have reached their potential and require long- term placement

Patients that have unsteady medical conditions or doubts over diagnoses that requires further investigations.

Rehabilitation can be provided via NHS facilities

Please note funding for rehabilitation is time limited. Special considerations will be given to people who had sustained a second brain injury.

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| **Name** | **Date of Birth** | | | **NHS Number** | | | **Date of referral** | |
| **Patients address**  **Is this the same address on discharge?** | | | | **GP name, address and telephone number** | | | | |
| **Name and address of next of Kin** | | | | **Next of Kin contact No:** | | | | |
| **Patients telephone number** | | | | **Name of the referrer and telephone number** | | | | |
| **Is the patient medically stable for discharge?** | | | | **Referring Hospital/Ward** | | | | |
| **Are there any identified risks to staff?** | | | | | | | | |
| **Evidence of referral to other NHS providers: Central England Rehabilitation Unit (CERU), Community Brain Injury service .Isebrook Hospital i.e. Hazelwood ward / Beachwood ward or Daventry Dantre hospital**  **Details of Injury: Including any other injury or other medical conditions:** | | | | | | | | |
| **Presenting Need:** | | | | | | | | |
| **Behaviour** | | | | | | | | |
| **Cognition** | | | | | | | | |
| **Psychological and Emotional** | | | | | | | | |
| **Mobility** | | | | | | | | |
| **Incontinence** | | | | | | | | |
| **Communication** | | | | | | | | |
| **How is medication and nutritional need met? e.g. PEG** | | | | | | | | |
| **History of seizures if any** | | | | | | | | |
| **Identified rehab goals SMART goals** | | | | | | | | |
| **Does the patient have insight and awareness into their brain injury?** | |  |  | |  |  | |  |
| **Brief details of any outcome measures used, scores attained and date when completed?** | | | | | | | | |
| **Have any referrals been made to other services?** *e.g. wheelchair services* | | | | | | | | |
| **Previous Known to CHC or Adult social care** | | | | | | | | |
| **Is the patient and next of kin aware of their referral?** | | | | | | | | |
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| Evidence of Consent to Information completed | | | | | | | | |
| **Referral cannot be considered without Consent form or Best if Interest evidence.** | | | | | | | | |
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| Date referral received | Date referral reviewed | | |  | | | | |
| Outcome: | | | |  | | | | |
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