



REFERRAL FORM

Adults (18+) with traumatic or acquired brain injury

Headway Basingstoke provides a clinically informed rehabilitation service for adults aged 18 and over with traumatic or acquired brain injury, together with support for carers and family members. We accept referrals from healthcare professionals, social workers, support/advice agencies, carers, family members, and self-referrals.

Important: if you are making a self-referral or referral on behalf of a family member and you do not have copies of the relevant medical information (for example discharge summaries and clinic letters), you may be asked to arrange for the client’s GP or another healthcare professional to submit the referral or provide the required documents.

All information will be treated as confidential and in accordance with our Information Governance policy.

Pre-submission checklist (Please complete as far as possible. Missing information may mean the team needs to seek further information, which may delay the referral.)

	Tick to confirm
<input type="checkbox"/>	The client/patient has agreed to be referred.
<input type="checkbox"/>	The client has been given the Headway Basingstoke Information Flyer for New Referrals (or equivalent information).
<input type="checkbox"/>	All relevant sections of this form have been completed as far as possible.
<input type="checkbox"/>	Relevant documents are attached (as available): medical summary, hospital discharge summary, clinic letters, and MRI/CT results (if held).
<input type="checkbox"/>	Consent to Share Information form is attached and signed (or documented consent is confirmed).
	Referrer name: _____ Date: ___ / ___ / ___

Headway Place, Park Prewitt Road, Basingstoke, Hampshire RG24 9SP
 Telephone: 01256-962849 Email: support@headwaybasingstoke.org.uk
 www.headwaybasingstoke.org.uk

A Charitable Company limited by guarantee. Registered in England No. 3206788. Registered Charity No. 1056048.
 Affiliated to Headway – the Brain Injury Association.

SECTION A - Referrer details

Date of enquiry	
Referral source (tick)	<input type="checkbox"/> GP <input type="checkbox"/> Consultant <input type="checkbox"/> Hospital <input type="checkbox"/> Other healthcare professional <input type="checkbox"/> Social Worker <input type="checkbox"/> Self-referral <input type="checkbox"/> Carer/Family member <input type="checkbox"/> Other: _____
Referrer name	
Organisation / service	
Telephone	
Email	
Address (including postcode)	

SECTION B - Client personal details

Client name and title	
Sex at birth (tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Gender (optional)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Self-describe_____
Date of birth	
Address (including postcode)	
Home Telephone	
Mobile	
Email	
NHS number (if known)	
GP name	
GP practice name and address	

SECTION C - Next of kin

Name and title	
Relationship to client	
Address (including postcode)	
Telephone / Mobile	
Email	

SECTION D - Injury details

Type of injury (tick)	<input type="checkbox"/> Traumatic brain injury (TBI) <input type="checkbox"/> Acquired brain injury (ABI)
Date of injury (or approximate)	
Nature of brain injury (tick all that apply)	<p>Acquired: <input type="checkbox"/> Hypoxia <input type="checkbox"/> Vascular event (haemorrhage, TIA, stroke, AVM, aneurysm,) <input type="checkbox"/> Disease <input type="checkbox"/> Toxicity <input type="checkbox"/> Tumour</p> <p><input type="checkbox"/> Infection <input type="checkbox"/> Other: _____</p> <p>Traumatic: <input type="checkbox"/> Road traffic accident <input type="checkbox"/> Assault <input type="checkbox"/> Fall</p> <p><input type="checkbox"/> Penetrating head injury <input type="checkbox"/> Other: _____</p>
If other, provide brief details	

SECTION E - Clinical information

Reason for admission / presenting condition	
Glasgow Coma Scale (GCS) score	
Rehabilitation services received e.g. OT, PT, SLT	
Current medication (include recent changes)	
Resuscitation status (if known / applicable)	
Diagnosis at discharge	
Effects of the brain injury and relevant history (include mental health, communication difficulties, addictions, health needs)	

SECTION F (COMPLETE IF APPLICABLE) - Recent hospital episode details

Hospital discharge date	
Consultant name	
Department / service	
Hospital name and address (including postcode)	

SECTION G - Social worker

Does the client have a social worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, social worker name	
Contact telephone / email	
Is the client currently subject to any safeguarding plan or statutory involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please provide brief details:

SECTION H - Referral aim and communication preferences

Please describe the specific difficulties or rehabilitation needs prompting this referral, and the outcomes you are seeking from Headway Basingstoke's involvement.

Issues / needs prompting the referral and desired outcomes:
Please outline any known risks, safeguarding concerns, behavioural issues, or factors that may affect safe engagement:
<p>Would you like feedback on the referral outcome? (tick)</p> <p><input type="checkbox"/> Yes, please provide general feedback on engagement/outcomes</p> <p><input type="checkbox"/> Yes, please confirm attendance status only</p> <p><input type="checkbox"/> No feedback required</p> <p style="text-align: right;">Preferred contact method: <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p>

SECTION I - Funding and commissioning

Headway Basingstoke provides a clinically informed rehabilitation service for adults aged 18 and over with traumatic or acquired brain injury. The service is commissioned by NHS Hampshire and Isle of Wight Integrated Care Board (ICB) for individuals registered at GP surgeries within the commissioned catchment area. Clients registered outside the commissioned catchment area may be considered on an out-of-area basis. In these cases, funding must be agreed through the appropriate ICB route (for example an Individual Funding Request) or through another funder before the referral can progress.

GP Practice name (commissioned) Correct as at March 2026. This list is subject to periodic review and may change without notice.	Town / postcode area
BOUNDARIES SURGERY	Four Marks, GU34 5HG
BRAMBLYS GRANGE MEDICAL PRACTICE	Basingstoke, RG21 7AP
ROOKSDOWN PRACTICE	Basingstoke, RG24 9RG
BEGGARWOOD SURGERY	Basingstoke, RG22 4AQ
ESSEX HOUSE	Basingstoke, RG21 8SU
GILLIES HEALTH CENTRE	Basingstoke, RG22 4EH
ST ANDREWS CENTRE	Basingstoke, RG22 6ER
CHAWTON PARK SURGERY	Alton, GU34 1RJ
CHINEHAM MEDICAL PRACTICE	Chineham, RG24 8ND
CLIFT SURGERY	Tadley, RG26 5BH
CROWN HEIGHTS MEDICAL CENTRE	Basingstoke, RG21 7AN
ODIHAM HEALTH CENTRE	Odiham, RG29 1JY
OLD BASING HEALTH CENTRE	Old Basing, RG24 7AE
SHAKESPEARE ROAD MEDICAL PRACTICE	Basingstoke, RG24 9DT
HOLMWOOD HEALTH CENTRE	Tadley, RG26 4ER
MORLAND SURGERY	Tadley, RG26 3AN
KINGSCLERE HEALTH CENTRE	Kingsclere, RG20 5QX
OAKLEY SURGERY	Oakley, RG23 7HZ
OVERTON SURGERY	Overton, RG25 3DU
HARTLEY WINTNEY SURGERY	Hartley Wintney, RG27 8QJ
HOOK SURGERY	Hook, RG27 9ED
WILSON PRACTICE	Alton, GU34 2QX

Catchment status (tick)	<input type="checkbox"/> Within commissioned catchment <input type="checkbox"/> Out-of-area / unknown
If out-of-area, proposed funding route	<input type="checkbox"/> IFR <input type="checkbox"/> Local authority <input type="checkbox"/> Insurer/compensation <input type="checkbox"/> Self-funding <input type="checkbox"/> Other: _____

SECTION J - Supporting documents attached

	Attachments
<input type="checkbox"/>	Medical summary
<input type="checkbox"/>	Hospital discharge summary
<input type="checkbox"/>	Clinic letters
<input type="checkbox"/>	MRI/CT results
<input type="checkbox"/>	Consent to Share Information form (signed)
<input type="checkbox"/>	Other (specify):

SECTION K - Power of attorney (if applicable)

Power of attorney in place? (tick)	<input type="checkbox"/> None <input type="checkbox"/> Health and welfare <input type="checkbox"/> Property and financial affairs <input type="checkbox"/> Both
Name and title	
Relationship to client	
Telephone / mobile	
Email / address	

Return the completed form to:

- Headway Basingstoke, Headway Place, Park Prewitt Road, Basingstoke, Hampshire, RG24 9SP
- Email: support@headwaybasingstoke.org.uk

Telephone: 01256 962 849

Website: www.headwaybasingstoke.org.uk



CONSENT TO SHARE INFORMATION FORM

Adults (18+) with traumatic or acquired brain injury

Purpose of this form

Headway Basingstoke may need to obtain, share, or verify relevant health and support information to assess a referral and provide appropriate rehabilitation support.

This form allows Headway Basingstoke to request and receive relevant information from healthcare professionals and other involved organisations where necessary.

This helps prevent delays in processing referrals and ensures the client receives appropriate support.

Client details

Full name: _____

Date of birth: ____ / ____ / _____

Address: _____

NHS number (if known): _____

Consent to share and obtain information

I confirm that I give permission for Headway Basingstoke to request and receive relevant information about my health, care, and support needs from appropriate professionals and organisations involved in my care.

This may include information from:

- GP surgeries
- Hospitals and consultants
- Rehabilitation teams
- Community healthcare services
- Social workers or local authority services
- Other professionals involved in my care

The information may include medical summaries, clinic letters, discharge summaries, assessments, and other relevant reports.

This information will only be used for the purpose of:

- assessing my referral
- planning appropriate rehabilitation support
- ensuring safe and effective engagement with Headway Basingstoke services

Additional authorisation

I understand that relevant information may need to be shared between Headway Basingstoke and professionals involved in my care to assess my referral, plan appropriate support, and ensure safe engagement with services.

I therefore authorise healthcare providers, social care services, and other relevant organisations involved in my care to disclose relevant information to Headway Basingstoke when reasonably requested.

I also authorise Headway Basingstoke to share relevant information with those professionals where necessary for the purposes of referral assessment, care coordination, safeguarding, or ongoing support.

This authorisation applies only to information relevant to my brain injury, health, rehabilitation, and support needs.

This consent applies to written records, electronic records, and verbal communication where appropriate.

Consent duration

This consent will remain valid for 12 months from the date signed unless withdrawn earlier. You may withdraw your consent at any time by contacting Headway Basingstoke.

Client declaration

I understand why this information may be requested or shared

I give permission for Headway Basingstoke to obtain and share relevant information as described above

Client name: _____

Client signature: _____

Date: ____ / ____ / _____

If signed on behalf of the client

Name: _____

Relationship to client: _____

Authority (tick):

Health and Welfare Power of Attorney

Court appointed deputy

Other (please specify): _____

Signature: _____

Date: ____ / ____ / ____

Referrer confirmation (if applicable)

I confirm that the client has understood the purpose of this consent form and has agreed to the sharing of relevant information as described above.

Name: _____

Role / organisation: _____

Signature: _____

Date: ____ / ____ / ____

Data protection statement

Headway Basingstoke processes personal information in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. Information will only be used for the purposes described above and stored securely in line with our Information Governance policies.

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NEW REFERRAL INFORMATION SHEET

Adults (18+) with traumatic or acquired brain injury

This information sheet should be provided to the client before a referral to Headway Basingstoke is submitted.

Welcome

Headway Basingstoke provides a supportive rehabilitation environment for adults living with the effects of traumatic or acquired brain injury.

Our aim is to help people rebuild confidence, develop independence, and improve quality of life following brain injury. Every person's journey after brain injury is different, and rehabilitation and adjustment take time.

Who we support

Headway Basingstoke supports adults aged 18 and over who are living with the effects of:

- Traumatic brain injury (for example following a fall, road traffic accident, or assault)
- Acquired brain injury (for example stroke, tumour, infection, hypoxia, or other medical causes)
- We also provide information and guidance for carers and family members supporting someone after a brain injury.

Our approach

Headway Basingstoke provides structured rehabilitation in a supportive and welcoming environment.

Following brain injury, many people experience changes in memory, concentration, fatigue, mood, confidence, and daily functioning. Our programmes are designed to help individuals understand these changes and develop practical strategies to manage them.

Support may be delivered through a combination of one-to-one work and small group programmes. Some clients begin with individual sessions before joining group activities, depending on their needs and readiness.

Clinical oversight

Headway Basingstoke's programmes are developed to support rehabilitation following brain injury and are overseen by our Clinical Lead. Activities and support are designed to help individuals understand the effects of brain injury, develop practical coping strategies, and build the confidence and independence needed for longer-term recovery.

Rehabilitation pathway

When a referral is accepted, our Clinical Lead reviews the information and then arrange for an initial assessment to determine whether Headway Basingstoke is suitable at that stage of recovery.

Where appropriate, clients often begin with our 'Brain Injury & Me' programme, which helps individuals:

- Understand the effects of their brain injury
- Come to terms with the changes it may have caused
- Begin identifying realistic goals for recovery and rehabilitation

Following this foundation programme, clients may progress through other structured rehabilitation programmes depending on their needs. These may include support with:

- Managing fatigue
- Coping with stress and anxiety
- Rebuilding confidence and independence

Depending on individual goals, clients may also participate in themed rehabilitation programmes such as horticulture, cooking, creative activities, or music therapy. These programmes incorporate rehabilitation skills within practical activities that support wellbeing, confidence, and independence.

In addition, we run reablement-focused activities and occasional social events or community outings that support confidence, independence, and community participation.

Being ready to engage

Recovery and rehabilitation after brain injury often works best when individuals are ready to engage with support and participate in activities.

Some people are referred soon after injury, while others come to Headway Basingstoke later in their recovery journey. Not everyone feels ready immediately, and that is completely understandable.

Before a referral is submitted, the referrer should ensure that the client has received this information and understands the nature of the service. This includes understanding that Headway Basingstoke provides structured rehabilitation programmes and activities, and that participation and engagement form an important part of the rehabilitation process.

What we expect from clients

To help create a safe and supportive environment for everyone, we ask clients to:

- Treat other clients, staff, and volunteers with respect
- Engage positively with programmes and activities where possible
- Inform us if they are unable to attend
- Follow any agreed safety or support arrangements

Confidentiality and information

Information shared with Headway Basingstoke is treated confidentially and handled in accordance with data protection legislation and our Information Governance policies.

Where appropriate, we may communicate with healthcare professionals involved in a client's care to ensure safe and effective support.

Contact details

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