

Brain Injury Community Service Referral Form									
Child's name					NHS no				
Address					Date of birth				
					Ethnicity				
					Hospital no				
Phone number/s					Gender				
Person with parental responsibility					Relationship				
Has consent been sought for this referral?	Yes	No	If no, please state reason						
Details of brain injury/illness									
Date of admission/attendance				Date of injury			Date of discharge		
Details of head or brain injury/illness									
Duration of loss of consciousness				minutes	None		Unknown		
GCS on admission			Unknown	CT scan?	Yes	No	MRI scan?	Yes	No
Scan details:									
Other relevant details									
Past medical or developmental history; other medical needs									
Safeguarding concerns	Details:								
	Child protection plan?	Yes	No	Social worker?			Yes	No	
	Social worker contact details								
GP Details	GP Name:								
	GP Practice:								
Referral summary									
Reason for referral									
Name of referrer									
Job title									
Contact email/phone						Date of referral			

#### Data Protection

The Children's Trust takes data privacy seriously and is committed to keeping personal information safe. For full details, please see our privacy policy <https://www.thechildrenstrust.org.uk/privacypolicy>

Return to: Brain Injury Community Service, The Children's Trust, Tadworth Court, Tadworth, Surrey KT20 5RU