

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				
Child's first language				Parent's first language				
Interpreter required?	Yes	No		If yes, for whom?				
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								
How did you hear about our service?								
Job title & place of work								
Contact email and phone number					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>

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