

Brain Injury Community Service Referral Form

Child's name					NHS no					
Address					Date of birth					
					Gender					
					Ethnicity					
Person with parental responsibility					Relationship					
Phone number/s					Email address					
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