

## Herefordshire Acquired Brain Injury Team (HABIT) Referral Guidance

### Things you should know before referring your client.

HABIT is a small, specialist, multidisciplinary rehabilitation team which supports **medically stable** clients living in the community. The team are open to referrals for clients who present with an acquired brain injury resulting from trauma, infection, brain surgery or stroke\*, and who have potential for active change and adjustment

- We can only provide support to **stroke patients 12 months post injury**. Clients with more recent strokes should be referred to the Community Stroke Team

Clients with a head injury (without a traumatic brain injury) will be considered for short term education and support under the separate referral pathway for Post-Concussion Syndrome.

### Exclusion Criteria:

- \* Under the age of 16, or present with an injury that was acquired under the age of 16
- \* Grade/stage 4 tumour
- \* Learning disability alone with no evidence of additional brain injury.
- \* Neuro degenerative conditions (e.g. PD/MS/MND)
- \* Dementia
- \* Neuro developmental disorders alone with no evidence of additional brain injury.
- \* Active drug /alcohol dependency, suicide risk or psychosis
- \* Post-Traumatic Stress Disorder alone with no evidence of brain injury.

**Incomplete referrals will be rejected and returned to the referrer.** Patient safety might be compromised without the provision of all relevant information. A client's needs and rehabilitation potential need to be understood, to allow an appropriate professional mix for assessment and tailored intervention

Unfortunately HABIT is not currently resourced to support clients who are in hospital and cannot provide nursing or personal care.

Accurate, supporting evidence of diagnosis is required in the form of scan results, histology and surgical summary information, as is information about pre and post injury abilities in relation to self-care, mobility, communication, cognition and emotional wellbeing.

The following specific information is required relating to the following conditions:-

**Aneurysm**- CT/MRI results and summary of surgical intervention

**Brain Tumour** - Type site, grade and summary of surgical intervention.

**Encephalitis** - cause or reasoning for diagnosis

**Hypoxic brain Injury**—cause of injury

**Meningitis** - positive lumbar puncture

**Stroke** \*-type, site and extent of injury confirmed with scan results.

**Traumatic Brain Injury** -mechanism of Injury, duration of loss of consciousness / medically induced coma.

Lowest Glasgow Coma score, length of Post Traumatic Amnesia, site and extent of injury confirmed with scan results.

**Sub- arachnoid haemorrhage/ sub Dural Haematoma**- Mechanism of injury, CT/MRI results and summary of surgical intervention.

**For more information please contact the team on 01432 363934/email: [head.injuries@wvt.nhs.uk](mailto:head.injuries@wvt.nhs.uk)**

**Herefordshire Acquired Brain Injury Team (HABIT)  
Referral form**

Please complete this referral form **ONLY** where there has been a **clearly identified brain injury**. Please provide **evidence of a brain injury with scan results**, need for multidisciplinary input and rehabilitation potential.

**Post-Concussion Syndrome – please see separate information sheet and referral form**

<b>PATIENTS NAME:</b>	<b>DOB</b>	<b>GENDER: MALE / FEMALE</b>
<b>ADDRESS:</b>	<b>NHS NUMBER:</b>	
<b>POSTCODE:</b>	<b>RLQ NUMBER:</b>	
	<b>TELEPHONE NUMBER:</b>	

<p><b>DATE OF INJURY/ILLNESS:</b></p> <p><b>DIAGNOSIS</b> – Please circle and provide the information requested</p> <p><b>ANEURYSM</b> (CT/MRI result and surgical intervention)</p> <p><b>BRAIN TUMOUR</b> (Type, grade and surgical intervention)</p> <p><b>ENCEPHALITIS</b> (cause or reasoning for diagnosis)</p> <p><b>HYPOXIC BRAIN INJURY</b> (How the injury occurred)</p> <p><b>MENINGITIS</b> (positive lumbar puncture)</p> <p><b>STROKE POST 12 MONTHS</b> (CT result and rehab to date)</p> <p><b>TRAUMATIC BRAIN INJURY</b> (Mechanism of Injury, duration of LOC, PTA, lowest GCS, CT/MRI results, surgical intervention)</p> <p><b>SUB-ARACHNOID HAEMORRHAGE/SUB-DURAL HAEMATOMA</b> (Mechanism of injury, CT/MRI results, surgical intervention)</p> <p><b>OTHER</b> (Please specify)</p>
--

- **PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS ABOUT MAKING A REFERRAL**
- **INCOMPLETE REFERRALS WILL BE RETURNED**
- **PLEASE INCLUDE ANY ADDITIONAL INFORMATION SUCH AS DISCHARGE REPORTS, ASSESSMENTS, RESULTS OF INVESTIGATIONS**
- **HABIT IS UNABLE TO PROVIDE INTERVENTION TO PEOPLE CURRENTLY STILL IN HOSPITAL OR A RESIDENT OF A CARE HOME**

<b>GP NAME:</b>	<b>CONSULTANT:</b>
<b>GP ADDRESS:</b>	<b>ADDRESS:</b>
<b>REFERRED BY:</b>	<b>CONTACT DETAILS:</b>
<b>JOB TITLE:</b>	
<b>DATE OF REFERRAL:</b>	

<b>Is the patient still in hospital? YES/ NO</b>	<b>If yes Name of hospital &amp; ward:</b>
<b>Estimated discharge date? YES/ NO</b>	<b>If yes; date:                      where:</b>
<b>Significant Past Medical History:</b>	

<b>PLEASE DESCRIBE CHANGES IN LEVEL OF FUNCTIONING</b>	
<b>Personal/self-care</b>	
<b>Transfers/mobility</b>	
<b>Communication</b>	
<b>Mood and Emotional wellbeing</b>	
<b>Cognition</b>	

<b>DESIRED MULTIDISCIPLINARY INPUT AND REHABILITATION POTENTIAL :</b>

**Please return this form to:**  
**Herefordshire Acquired Brain Injury Team (HABIT)**  
**Wye Valley NHS Trust, Vaughan Building**  
**Ruckhall Lane, Hereford, HR2 9RP**  
**Telephone: 01432 363934**  
**Email: [head.injuries@wvt.nhs.uk](mailto:head.injuries@wvt.nhs.uk)**  
**Confidential email: HABIT.WVT@nhs.net**

Glen Burley, Chief Executive

Russell Hardy, Chairman