





In partnership with The Department of Psychological Services, Belfast Health and Social Care Trust

Referral Form: Family First Project

Date of Referral:				
Childs name:	Referrer Name:			
Gender: Male/Female/ Prefer not to say	Relationship/Role:			
DOB:				
	Address: (if not self-referral)			
Address:				
Contact name& relationship to child:				
	Telephone/Email:			
Telephone:				
Email:				
Email.	Has family consented to referral?			
	,,			
GP Details	·			
(Give name, address and telephone number)				
Please name any other agencies involved with the	ne child			
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History of Acquired Brain Injury (ABI)				
Confirmed diagnosis of ABI: YES NO				
Date of ABI:				
Age at time of ABI:				
Cause of ABI:				
Past Medical History				
•				
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Epilepsy Yes/No	Current Medication			
Seizures Yes/No If yes, please give details of type &				
frequency				







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Current iss	sues and	difficultie	s being faced by the child and/or family
	Yes	No	Is this having an impact on the family?
Physical			
Vision			
Hearing			
Taste/smell			
Speech /			
communication			
Fatigue			
Mobility			
Weakness			
Sleep			
Psychological			
Memory			
Attention			
Concentration			
Insight			
Behavioural			
Control of emotions &			
behaviour			
Mood/Anxiety			
Motivation			
Family			
How many people are in t	the famil	y?	
Who lives at home with t	he child?		•
Education situation			
Is the child in education?			
Does the child receive an	v suppor	t in educat	tion?







In partnership with The Department of Psychological Services, Belfast Health and Social Care Trust Social situation Is the child involved in any activities? e.g. sport, youth club, playgroup etc Major Life Events Please describe any previous challenges or difficulties experienced by the child or family Briefly describe how the difficulties are affecting the family to function in day to day life? What do you, as a family, hope to gain from the service?

Please attach any further information or clinical reports that you feel may be relevant.

Completed forms should be returned to:

Family First Project Team

Brain Injury Matters (NI), 5c Stirling House, Castlereagh Business Park, 478 Castlereagh Road, Belfast, BT5 6BQ

Or

Email: info@braininjurymatters.org.uk