# Information Sheet

This form is to provide further information when requesting support from Headway Somerset. We request as much detailed information as possible..

**Please return this completed form to:** [info@headwaysomerset,org.uk](mailto:info@headwaysomerset,org.uk)

### Person with Acquired Brain injury details

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |
| --- |
| / / |

Date of

Birth:

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile Phone: |  | Home Telephone: |  |

|  |  |  |
| --- | --- | --- |
| Email address: |  |  |

### Details of Acquired Brain Injury (ABI)

|  |  |
| --- | --- |
| Cause of Injury:  Please specify, e.g. Road Traffic Accident, Fall, Stroke, Haemorrhage, Assault etc. |  |

|  |  |
| --- | --- |
| Date of Injury: | / / |

### Person completing this form

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Name of agency (if professional): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Telephone: |  | Relationship to person with ABI: |  |

|  |  |
| --- | --- |
| Contact email: |  |

|  |  |
| --- | --- |
| How did you hear about Headway?: |  |
|  |  |

### Current Needs and Difficulties

|  |
| --- |
| Does the client have any difficulty in the following areas as a result of the brain injury? Please include any potential risks. |
| Physical: Please specify which of the following applies and the impact caused (e.g. vision, hearing, weakness, reduced mobility, fatigue/tiredness, etc.) |
|  |
| Cognitive: Please specify which of the following applies and the impact caused (e.g., attention, memory, planning, orientation, communication, speech, intimacy, lack of motivation, awareness / insight etc.) |
|  |
| Behaviour: Please specify which of the following applies and the impact caused (e.g., irritability, aggression, inappropriate/antisocial, impulsivity, disinhibition etc.) |
|  |
| Emotion: Please specify which of the following applies and the impact caused (e.g., Mood Swings, Depression, Anxiety, Reduced Confidence, Anger etc.) |
|  |

|  |
| --- |
| Expectations, why are you contacting Headway Somerset: |
|  |
| Any other information you wish to include: (specify any significant medical history e.g. epilepsy, pre-existing conditions etc.) |
|  |
|  |

**Are Adult Social Care already involved? Y N**









### Protecting Your Personal Information

The General Data Protection Regulations (GDPR) which is EU wide and far more extensive, seek to protect and enhance the rights of data subjects. These rights cover the safeguarding of personal data, protection against the unlawful processing of personal data and the unrestricted movement of personal data within the EU. It should be noted that GDPR does not apply to information already in the public domain such as Companies House data

Headway Somerset are committed to ensuring that your privacy is protected. Should we ask you to provide certain information by which you can be identified then you can be assured that it will only be used in accordance with our privacy policy, which is available on request.