**Referral form to Westminster Homeless Neuropsychology Pathway (HNP)**

**About the HNP**

The HNP is a team within the Psychology in Hostels (PiH) Team. The aim of the HNP is to address the unmet neuropsychological needs for individuals experiencing homelessness and brain injury and to improve their outcomes.

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| **Who we support** | **What support we offer** |
| 1. **Homeless** and/or **open to homelessness services** 2. AND **have a diagnosed or suspected brain injury** 3. AND **are not able to access support through other neuropsychological specific services** (the HNP service will not work with clients whose primary difficulty is related to a neurodevelopmental disorder, for example, autism spectrum disorders (ASD), attention deficit hyperactivity disorder (ADHD) and learning disabilities (LD)) | * Specialist neuropsychological assessment * Specialist neuro GP assessment and interventions * Recommendations and cognitive rehabilitation * Support or advice around mental capacity assessments   In relation to brain injury:   * Support for family and friends * Consultation for services * Education and training * Support or advice to refer to other services   We are not able to make diagnoses. |
| **How do I know if someone should be seen by the HNP?** | |
| Here are some examples of why you may refer someone to our service:   * The client presents with cognitive difficulties (thinking skills) (e.g., slowed thinking, difficulties concentrating, walking into things, difficulties expressing or understanding words, memory problems, difficulty problem solving, planning or inhibiting their responses, getting stuck on their ideas) * The client presents with cognitive impairments that have got worse. * The client and the system would benefit from understanding changes in cognition   and help with implementing strategies to support them   * The client needs a capacity assessment, and you are concerned that existing services may need help to complete the assessment | |

**Referral form**

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| **Referrer information** | |
| Referrer name: | Referrer service: |
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| Referrer email: | Referrer phone number: |
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| Date of referral: | |
|  | |
| Key Worker/Professional who knows this person best (full name, contact details): | |
| Name:  Job Role:  Telephone Number:  Email: | |
| **Demographic information about the client** | |
| First name (and preferred name if different): | Last name: |
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| Date of birth: | Gender: |
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| First or preferred language: | Current place of residence: |
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| **Reason for referral** | |
| Why do you think the client needs input from the HNP (e.g., please see the examples above in “how do I know if someone should be seen by the HNP?”) | |
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| Does the client have difficulties completing day-to-day activities that could be related to their cognitive difficulties, if so, what are they? (e.g., difficulties getting dressed/looking after themselves, remembering appointments, organising their day etc)? | |
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| Is the client aware of the referral? | Has the client consented to the referral? |
| Yes: ​☐​ No: ​☐​ | Yes: ​☐​ No: ​☐​ |
| What difficulties does the client think they have and what does the client want from the referral? | |
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| What are questions would you like addressed and what outcomes are you hoping for? | |
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| **Relevant background history** | |
| Past and current substance use (including type, frequency and the amount of substances used) | |
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| Past and current mental health issues | |
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| Past and current physical health issues | |
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| Are they registered with the GP? If yes, which one? | |
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| Past and current brain injuries or diagnosed or suspected neurodevelopmental disorders (e.g., ASD, ADHD, LD) | |
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| Any forensic history? If yes, please explain what? | |
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| Any other risk issues? (e.g., risk of harm to others or self, please also include if they are not lone worked in your service) | |
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| Any current or previous service input? | |
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Please fill in the referral form and return to: [zana.khan@slam.nhs.uk](mailto:zana.khan@slam.nhs.uk), [litza.krause@slam.nhs.uk](mailto:litza.krause@slam.nhs.uk), [jessica.barton@slam.nhs.uk](mailto:jess.barton@slam.nhs.uk) & [justyna.kubowicz@slam.nhs.uk](mailto:justyna.kubowicz@slam.nhs.uk). *We aim to review referrals weekly, but we are a small team so please be patient if we take some time to respond to your referral.*

*Also be aware that we are not a crisis service, so please follow normal protocols for any risk issues related to this client.*