AlfredHealth

Austin Health

UR:
Family Name
Given Names
Date of Birth
Gender ☐ Male ☐ Female

Referral to Victorian Acquired Brain Injury (ABI) Rehabilitation Services (inpatient)

REFERRAL PROCESS

The Victorian ABI Rehabilitation Services at Alfred Health & Austin Health are state-wide services that provide rehabilitation for people with an Acquired Brain Injury. The two Victorian ABI Rehabilitation Services will work closely together to determine the most suitable service to assess the patient and the most suitable bed for the patient.

- Both services accept public patients. Caulfield Hospital also has services for severely injured compensable TAC/ VWA patients. Note: Only Caulfield Hospital can accept referrals for patients with tracheostomies.
- Both services accept referrals for patients with an ABI from traumatic and non traumatic causes (hypoxic, stroke, other non- progressive causes)
- This referral is to be used by health professionals to refer to the Victorian ABI Rehabilitation Services at Alfred Health (Caulfield Hospital) or Austin Health (Royal Talbot Rehabilitation Centre) only.
- For routine referrals to subacute rehabilitation please follow the subacute referral processes. If you are not sure where a patient is best referred contact your local subacute rehabilitation assessment service
- Referrers will be contacted within 1 business day of receipt of referral. More information may be sought to determine suitability of the patient and where further assessment of the patient is required by the ABI Rehabilitation Service this will occur within 3 business days to determine an outcome.

Please attach photocopies of the following (if available):

❑ Allied Health Assessments ❑ Relevant imaging and pathology ❑ Current medication and obs chart ❑ Westmead WMPTAS

❑ Psych, neuro psych notes ❑ Tracheostomy Suction Chart (if applicable)

Service Referred to	Address	Return completed Referral to	Contact Number
❑ Alfred Health	Caulfield Hospital 260 Kooyong Road Caulfield VIC 3162	Fax: 03 9076 5013 abirehab@alfredhealth.org.au	Rehab and Aged Care Assessment Service Ph: **03 9076 6575 or 0419 770 095** https://www.alfredhealth.org.au/services/hp/acquired-brain-injury-rehabilitation/
❑ Austin Health	Royal Talbot Rehabilitation Centre 1 Yarra Boulevard Kew VIC 3101	Fax: 03 9490 7523	Moira Henderson Ph: **03 9490 7622** Email: moira.henderson@austin.org.au

REFERRAL DETAILS

Date of Referral		**Referring Hospital**		**Ward**	
Referrers Name		**Position**			
Contact Number and Fax Number					

PATIENT DETAILS

Family Name		**Given Name/s**	
Date of Birth		**Gender**	❑ Male ❑ Female ❑ Not known
Address			**Post code**
Phone No. **Mobile & Home**		**Private Health Insurance**	❑ Yes ❑ No If Yes, Fund & Number
Medicare Number		**Referring Service UR No.**	
Permanent Australian Resident	❑ Yes ❑ No	**Language/s Spoken**	
Interpreter Required	❑ Yes ❑ No	**Interpreter Language Required**	

Person Responsible / Guardian Name		**Contact Number**	
Relationship to Patient			
GP Name		**GP Phone Number**	
GP Address		**GP Fax Number**	

AlfredHealth Patient Family and Given Name/s _____ Austin Health

INJURY & CURRENT HEALTH STATUS

Date of Injury		**Compensable**	❑ No ❑ Yes (TAC) ❑ Yes (Vic WorkCover Authority)
Cause of Injury ❑ Motor Vehicle / Motor Bike Accident ❑ Pedestrian ❑ Industrial / Work	❑ Pushbike Accident ❑ Assault ❑ Fall	❑ Other Cause (describe):	
Type of Brain Injury	Stroke: ❑ Ischaemic ❑ Haemorrhagic	❑ L sided ❑ R sided ❑ Other	
Brain dysfunction	Non Traumatic	❑ Sub-Arachnoid Haemorrhage ❑ Anoxic Brain Damage ❑ Other Non–Traumatic Brain Dysfunction (specify): _____	
	Traumatic	❑ Open Injury ❑ Closed Injury	
Other injuries (describe)			

For TBI ONLY: Glasgow Coma Scale (GCS)	GCS on Admission		GCS at time of referral	
For TBI ONLY: Loss of Consciousness	❑ Yes ❑ No ❑ Unknown		If Yes - Period of Loss of Consciousness	
Neurosurgery	❑ Yes ❑ No	If Yes – Date and Surgery Description:		
Tracheostomy	❑ Yes ❑ No	Date In:	Date Out:	

Tracheostomy Criteria (This section must be completed if patient has a tracheostomy)	Pt requires <30% inspired O2	❑ Yes ❑ No	**Comments:**
	No assistance with ventilation in last 72 hours	❑ Yes ❑ No	
	Sats >95% last 24 hours	❑ Yes ❑ No	
	Requires <4hrs suctioning	❑ Yes ❑ No	
	Cook tracheostomy with cannula in situ	❑ Yes ❑ No	

Other Tracheostomy Management Issues / complications **e.g.** frequency of suctioning, sputum load, cuff deflation, failed or unplanned decannulation, tube obstruction/ displacement, wound breakdown, infection or bleeding, pneumothorax/ haemothorax If applicable please attach suction chart	

For TBI ONLY: Post-traumatic amnesia (PTA)	❑ Yes ❑ No ❑ N/A	If Yes – Out of PTA?	❑ Yes ❑ No
If out of PTA, period of PTA	Dates _____	Days _____	
If still in PTA, state last 3 days of Westmead PTA Scale Score	Date _____ ☐	Date _____ ☐	Date _____ ☐
Other Medical and / or Surgical Problems			

INJURY & CURRENT HEALTH STATUS cont....

Psychiatric History / Current Psychiatric Issues **If current psych issues please attach psych plan and progress notes**			
Relevant Medical History			
Drug / Alcohol / Smoking History			
History of Behavioural / Forensic Issues			
History of Seizures	❑ Yes ❑ No	Specify	
Current Medications			
Investigations, Results and Treatment			
Allergies			
Issues Requiring Return to Acute Hospital **(Including Expected Timeframe for Any Planned Procedures)**			

PREMORBID FUNCTION & SOCIAL HISTORY

Lives with	❑ Alone ❑ Spouse / Partner ❑ Children ❑ Parents ❑ Friends
Accommodation	❑ Private Residence ❑ Boarding House ❑ Homeless ❑ Supported Residential Service (eg. Community Group Home) ❑ Transitional Living Unit ❑ Residential Low Level Care (Hostel) ❑ Residential High Level Care (Nursing Home) ❑ Other (specify) _____
Premorbid Personal ADL Eating	❑ Independent ❑ Supervised ❑ Required Assistance
Showering	❑ Independent ❑ Supervised ❑ Required Assistance

PREMORBID FUNCTION & SOCIAL HISTORY cont

Dressing	❑ Independent ❑ Supervised ❑ Required Assistance		
Toileting	❑ Independent ❑ Supervised ❑ Required Assistance	Continent	❑ Yes ❑ No
Premorbid Domestic ADL	❑ Independent ❑ Supervised ❑ Required Assistance Comments _____		
Premorbid Community ADL	❑ Independent ❑ Supervised ❑ Required Assistance Comments _____		
Driving	❑ Yes ❑ No		
Premorbid Mobility	❑ Independent ❑ Supervised ❑ 1 person assist ❑ 2 person assist		
Premorbid Mobility Aid	Specify		
Premorbid Cognition	❑ Intact ❑ Mild Impairment ❑ Moderate Impairment		
Highest Level of Education Obtained	❑ Secondary School Not Completed ❑ Year 12 or Equivalent ❑ TAFE Certificate ❑ Diploma ❑ Bachelor Degree ❑ Post Graduate		
Premorbid Occupation	❑ Employed ❑ Not in Labour Force ❑ Student ❑ Unemployed ❑ Retired (for Age) ❑ Retired (for Disability)		
Nature of Premorbid Work or Study (where applicable)			
Pre-Existing Carer Status	❑ No Carer & Does Not Require ❑ No Carer & Requires One ❑ Carer Not Living In ❑ Carer Living In (not Co-Dependant) ❑ Carer Living In (Co-Dependant)		
Were any services received in month prior to impairment (if living in private residence)?		❑ Yes ❑ No	
If Yes, Specify	❑ Domestic Assistance ❑ Meals ❑ Social Support ❑ Nursing Care ❑ Provision of Goods and Equipment ❑ Allied Health Care ❑ Personal Care ❑ Transport Services ❑ Case Management		

CURRENT FUNCTIONAL LEVEL & CARE NEEDS

Current Behavioural Issues	*1 = Absent* *2 = Present to a Slight Degree* *3 = Present to a Moderate Degree* *4 = Present to an Extreme Degree*
Short attention span, easy distractibility, inability to concentrate	❑ 1 ❑ 2 ❑ 3 ❑ 4
Impulsive, impatient, low tolerance for pain or frustration	❑ 1 ❑ 2 ❑ 3 ❑ 4
Uncooperative, resistant to care, demanding	❑ 1 ❑ 2 ❑ 3 ❑ 4
Violent and or threatening violence toward people or property	❑ 1 ❑ 2 ❑ 3 ❑ 4
Explosive and/or unpredictable anger	❑ 1 ❑ 2 ❑ 3 ❑ 4
Pulling at tubes, restraints, etc.	❑ 1 ❑ 2 ❑ 3 ❑ 4
Wandering from treatment areas	❑ 1 ❑ 2 ❑ 3 ❑ 4
Restlessness, pacing, excessive movement	❑ 1 ❑ 2 ❑ 3 ❑ 4
Self-abusiveness, physical and/or verbal	❑ 1 ❑ 2 ❑ 3 ❑ 4

Other (specify)					
Current Behaviour / Management Strategies					
Weight Bearing Restrictions	❑ Full Weight Bear ❑ Partial Weight Bear ❑ Non-Weight Bear				
Walking	❑ Independent ❑ Supervised ❑ 1 Person Assist ❑ 2 Person Assist ❑ Unable				
Aids (specify)					
Upper Limb Paresis	❑ Right ❑ Left	Lower Limb Paresis	❑ Right ❑ Left	Spatial Neglect	❑ Yes ❑ No

CURRENT FUNCTIONAL LEVEL & CARE NEEDS Cont

Continence		Bladder	❑ Continent ❑ Incontinent ❑ Indwelling Catheter ❑ Uridome ❑ Other (specify) _____			
		Bowel	❑ Continent ❑ Incontinent ❑ Other (specify) _____			
Skin	Pressure Injuries	❑ Yes ❑ No	List Areas		Braden Score	
	Infection	❑ MRSA ❑ VRE ❑ MBL ❑ VISA ❑ Other (specify) _____				
Personal ADL	Eating	❑ Independent ❑ Supervised ❑ Requires Assistance				
	Showering	❑ Independent ❑ Supervised ❑ Requires Assistance				
	Dressing	❑ Independent ❑ Supervised ❑ Requires Assistance				
	Toileting	❑ Independent ❑ Supervised ❑ Requires Assistance				

Communication			
Language Comprehension	Specify deficits	Language Expression	Specify deficits
Hearing	❑ NAD ❑ Hearing Aid ❑ Other (specify) _____		
Vision	❑ Reading Glasses ❑ Distance Glasses ❑ Other (specify) _____		
Impairments and Current Aids			
Other Progress / Outstanding Issues / Special Needs			
Expected Discharge Destination	❑ Home Independent ❑ Alternative accommodation ❑ Home with supports ❑ High Care needs.....❑ Not yet known		