AlfredHealth

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

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

Send Referrals to: Email: abicommunity&tls@alfred.org.au or Fax: 9076 4841 – Att: ABI Community Team

REFERRAL DETAILS

Date of Referral		Referring Organisation		Ward	
Referrers Name		Relationship to Client			
Contact Number					

CLIENT DETAILS

Family Name		Given Name/s Preferred Name	
Date of Birth		Gender	❑ Male ❑ Female ❑
Address		Post code	
Contact No. Mobile Home		Email	
Preferred contact method	❑ Mobile Ph ❑ Home Ph ❑ Email		
Medicare Number		Referring Service UR No.	
TAC Early Support Coordinator / WorkSafe	Agent Name		Contact No	
	Claim Number			
Permanent Australian Resident	❑ Yes ❑ No	Language/s Spoken	
Interpreter Required	❑ Yes ❑ No	Interpreter Language Required	
Guardian / Administrator Name		Contact No	
Enduring Power of Attorney Type			
Appointed person's name		Contact No	
Primary Contact Name		Ph Number	
Relationship to Client			
Is the client / family aware of referral	❑ Yes ❑ No		
GP Name		GP Contact No	
GP Address		GP Fax Number	
Current inpatient / community rehabilitation admission details			
Discharge Date			
Location			
Urgency of referral			

INJURY & CURRENT HEALTH STATUS

Reason for Referral	❑ Active therapy ❑ Monitoring

Date Created: Aug 2017
Printed From Internet

INJURY & CURRENT HEALTH STATUS *cont*

<table>
<tr><td>Therapies required</td><td colspan="4">❑ Social Work
❑ Speech Pathologist
❑ Dietitian
❑ Community Nursing
❑ Occupational Therapist
❑ Exercise Physiologist
❑ Neuropsychologist
❑ Clinical Psychologist
❑ Allied Health Assistant
❑ Physiotherapist</td></tr>
<tr><td>Date of Injury</td><td colspan="4"></td></tr>
<tr><td>Cause of Injury</td><td colspan="4">❑ Motor Vehicle / Motor Bike Accident
❑ Pedestrian
❑ Industrial / Work
❑ Bicycle Accident
❑ Assault
❑ Fall
❑ Other Cause (specify):</td></tr>
<tr><td colspan="5">Type of Brain Injury</td></tr>
<tr><td>Stroke</td><td colspan="2">❑ Ischaemic ❑ Haemorrhagic</td><td colspan="2">❑ L sided ❑ R sided ❑Other</td></tr>
<tr><td rowspan="2">Brain dysfunction</td><td>Non Traumatic</td><td colspan="3">❑ Sub-Arachnoid Haemorrhage
❑ Anoxic Brain Damage
❑ Other Non–Traumatic Brain Dysfunction (specify):
____________________</td></tr>
<tr><td>Traumatic</td><td colspan="3">❑ Open Injury ❑ Closed Injury</td></tr>
<tr><td>Neurosurgery</td><td>❑ Yes
❑ No</td><td>If yes – Date and Surgery description</td><td colspan="2"></td></tr>
<tr><td>Other injuries / medical and / or surgical problems</td><td colspan="4"></td></tr>
<tr><td>Drug / Alcohol / Smoking History</td><td colspan="4"></td></tr>
<tr><td>History of Behavioural / Forensic Issues</td><td colspan="4"></td></tr>
<tr><td>Any related risks identified</td><td colspan="4"></td></tr>
<tr><td>Current Medications</td><td colspan="4"></td></tr>
<tr><td>Investigations, Results and Treatment</td><td colspan="4"></td></tr>
<tr><td>Allergies</td><td colspan="4"></td></tr>
<tr><td>Relevant Medical History
Psychiatric History
Current psychiatric issues</td><td colspan="4"></td></tr>
</table>

INJURY & CURRENT HEALTH STATUS *cont*

History of Seizures	❑ Yes - Specify ❑ No	
Is the Client orientated	❑ Yes ❑ No	

Duration of PTA	Dates		Days	

PREMORBID FUNCTION & SOCIAL HISTORY

Lives with	❑ Alone ❑ Spouse / Partner ❑ Children ❑ Parents ❑ Friends
Psychosocial	Family / other support
Accommodation	❑ Private Owned Residence ❑ Private Rental ❑ Homeless ❑ Supported Residential Service ❑ Residential Care ❑ Boarding House ❑ Shared supported accommodation ❑ Housing Commission ❑ Other (specify) ______________________________

Premorbid Personal ADL
ie *personal care / domestic / community access / driving / cognition / mobility / vocational / study / volunteering / leisure & recreation*

CURRENT FUNCTION 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	
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	
Cognition *Comments-eg memory / attention / executive function / insight*	**Attach Neuropsychological report**
Visual / Perception	Neglect - ❑ Yes ❑ No ❑ Right ❑ Left

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Family and Given Name/s ____

CURRENT FUNCTIONAL LEVEL & CARE NEEDS *cont*

Communication						
Language Impairments *Ie. Expression / comprehension / social interaction*						
Current Aids and Strategies						
Hearing	❑ NAD ❑ Hearing Aid ❑ Other (specify) ______					
Vision	❑ Reading Glasses ❑ Distance Glasses ❑ Other (specify) ______					
Nutrition	Weight		Height		BMI	
	Weight history					
Diet *Eg. Modified / enteral nutrition*						
Clinical issues	❑ Overweight / obese ❑ Malnourished					
Motor Function						
Upper Limb Paresis	❑ Right ❑ Left	Lower Limb Paresis	❑ Right ❑ Left			
Transfers	❑ Independent ❑ Supervised ❑ 1 Person Assist ❑ 2 Person Assist ❑ Hoist					
Weight Bearing Restrictions	❑ Full Weight Bear ❑ Partial Weight Bear ❑ Non-Weight Bear					
Ambulation	❑ Independent ❑ Supervised ❑ 1 Person Assist ❑ 2 Person Assist ❑ Unable					
Aids (specify)						
Personal ADL — Eating	❑ Independent ❑ Supervised ❑ Requires Assistance					
Personal ADL — Showering	❑ Independent ❑ Supervised ❑ Requires Assistance					
Personal ADL — Dressing	❑ Independent ❑ Supervised ❑ Requires Assistance					
Personal ADL — Toileting	❑ Independent ❑ Supervised ❑ Requires Assistance					
Continence	Bladder	❑ Continent ❑ Incontinent ❑ Indwelling Catheter ❑ Uridome ❑ Other (specify) ______				
	Bowel	❑ Continent ❑ Incontinent ❑ Other (specify) ______				
Skin — Pressure Injuries	❑ Yes ❑ No	List Areas		Braden Score		
Skin — Infection	❑ MRSA ❑ VRE ❑ MBL ❑ VISA ❑ CRE ❑ Other (specify) ______					
Other referrals made/ Support Services involved	❑ NDIS ❑ HARP ❑ Melbourne City Mission case management ❑ Disability Services ❑ARBIAS case management ❑ Other ______					
Short term goals for active therapy OR Objectives for monitoring						
Long term goals and objectives						
Attached documents	❑ Discharge Summary ❑ Neuropsychological Report ❑ Medical Reports ❑ Discipline Assessments ______ ❑ Other ______					