AlfredHealth

UR:	
Family Nar	ne
Given Nam	nes

Date of Birth

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

Gender □ Male □ Female

Send Referrals to:

Email: abicommunity&tls@alfred.org.au or Fax: 9076 4841 - Att: ABI Community Team

REFERRAL DETAILS

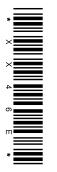
Date of Referral	Referring Organisation	Ward	
Referrers Name	Relationship to Client		
Contact Number			

CLIENT DETAILS

Family Name				Given Name/s Preferred Name		
Date of Birth			Gender		🗆 Male 🛛 F	emale 🛛
Address					Post code	
Contact No. Mobile Home				Email		
Preferred contact method	D Mobile	e Ph 🛛 Hor	me Ph	□ Email	·	
Medicare Number				Referring Service UR No.		
TAC Early Support	Agent N	lame			Contact No	
Coordinator / WorkSafe	Claim N	lumber				
Permanent Australian Resi	dent	□ Yes □ No	Langua	ige/s Spoken		
Interpreter Required		□ Yes □ No	Interpre	eter 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	D No				
GP Name					GP Contact N	ο
GP Address					GP Fax Numb	er
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

Speech Pathologist Exercise Physiologist Allied Health Assistant	
 Dietitian Neuropsychologist Physiotherapist 	
Date of Injury	
Image: Cause of Injury Image: Motor Vehicle / Motor Bike Accident Image: Bicycle Accident Image: Other Cause (specify): Cause of Injury Image: Pedestrian Image: Acsault Image: Accident Image: Other Cause (specify):	
□ Industrial / Work □ Fall	
Type of Brain Injury	
Stroke Ischaemic Haemorrhagic L sided R sided Other	
Non Traumatic Sub-Arachnoid Haemorrhage	
Brain dysfunction Other Non–Traumatic Brain Dysfunction (specify):	
Traumatic Den Injury Closed Injury	
Neurosurgery Yes If yes – Date and No Surgery description	
Other injuries / Image: No Surgery description	
medical and / or	
surgical problems	
Drug / Alcohol / Smoking History	
History of	
Behavioural / Forensic Issues	
Any related risks identified	
Current	
Medications	
Investigations,	
Results and	
Treatment	
Allergies	
Relevant Medical History	
Psychiatric History	
Current psychiatric issues	

INJURY & CURRENT HEALTH STATUS cont

History of Seizures	Yes - SpecifyNo		
Is the Client orientated	🗆 Yes 🗖 No		
Duration of PTA	Dates	Days	

PREMORBID FUNCTION & SOCIAL HISTORY

Lives with	□ Alone	General Spouse / F	Partner	Children	Parents	Friends	
Psychosocial	Family / oth	er support					
Accommodation	 Private Owned Residence Supported Residential Service Shared supported accommodation Other (specify) 			1	 Private Renta Residential C Housing Com 	are	 Homeless Boarding House
Premorbid Personal ie personal care / dom		unity access / o	lriving / co	gnition / mobi	lity / vocational / s	study / volunt	eering / leisure & recreation

CURRENT FUNCTION LEVEL & CARE NEEDS

Current Behavioural Issues		1	Absent Present to a Slight Degree			3 4	Present to a Moderate Degree Present to an Extreme Degree
Short attention span, easy distractibility, inability to concentrate		1				4	Present to an Extreme Degree
Impulsive, impatient, low tolera		□ 1	2	□ 3	□ 4		
Uncooperative, resistant to ca	re, demanding	□ 1	2	□ 3	□ 4		
Violent and or threatening viol	ence toward people or property	□ 1	2	3	□ 4		
Explosive and/or unpredictable	e anger	□ 1	2	□ 3	□ 4		
Wandering from treatment are	as	□ 1	2	□ 3	□ 4		
Restlessness, pacing, excessi	ve movement	□ 1	2	u 3	□ 4		
Self-abusiveness, physical and	d/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 🛛 Rig	ght 🗖 Lef	it				

CURRENT FUNCTIONAL LEVEL & CARE NEEDS cont

Communicat	ion							
	ge Impairments / comprehension / social interaction							
Current Aids	and Strategies							
	Hearing	NAD Hearing Aid Other (specify)						
	Vision	Reading Glasses Distance Glasses Other (specify)						
		Weight Height BMI						
Nutrition		Weight history						
Ea Modified	Diet / enteral nutrition							
Lg. Moullieu		Overweight / obese Malnourished						
	Clinical issues							
Motor Functi	on							
Uppe	er Limb Paresis	Right Left Lower Limb Paresis Right Left						
	Transfers	□ Independent □ Supervised □ 1 Person Assist □ 2 Person Assist □ Hoist						
Weight Bear	ing Restrictions	Full Weight Bear Partial Weight Bear Non-Weight Bear						
Ambulation		□ Independent □ Supervised □ 1 Person Assist □ 2 Person Assist □ Unable						
	Aids (specify)							
	Eating	Independent Supervised Requires Assistance						
Personal	Showering	Independent Supervised Requires Assistance						
ADL	Dressing	Independent Supervised Requires Assistance						
	Toileting	Independent Supervised Requires Assistance						
		Bladder						
Continence		Bowel Continent Incontinent Other (specify)						
	Pressure Injuries	□ Yes □ No List Areas Braden Score						
Skin	Infection	MRSA VRE MBL VISA CRE Other (specify)						
		Image: NDIS Image: HARP Image: Melbourne City Mission case management						
Other referra Support Serv	Ils made/ vices involved	Disability Services ARBIAS case management Other						
Short term get therapy	oals for active							
OR								
Objectives fo	or monitoring							
Long term goals and								
objectives	Jais anu							
Attached doo	cuments	Discharge Summary Neuropsychological Report Medical Reports						
	Guillenia	Discipline Assessments						
		Other						