AlfredHealth

Alfred Health UR:_____

Referral to Victorian Acquired Brain Injury (ABI) Transitional Living Service (TLS)

This referral is to be used by health professionals to refer to the Victorian ABI Transitional Living Service at Alfred Health (Caulfield Hospital). Attach discharge summaries to this referral. Accepted referrals will require addition documents completed.

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**			
Telephone		**Email**			

CLIENT DETAILS

Family name			**Given name/s chosen name**		
Date of birth		**Sex**	❑ Female ❑ Male ❑ Other	**Telephone**	
Address				**Post code**	
Email		**Ambulance Victoria Membership**		❑ Yes ❑ No Number	
Medicare number		**Ref**		**Exp**	
Funding source	❑ NDIS number_____ OR ❑ NDIS ARF completed ❑ NDIS Support Coordinator name & telephone			❑ TAC – Claim No ❑ WorkCover – Claim No	
NDIS / TAC Early Support Coordinator / WorkSafe	**Name**			**Telephone**	
Interpreter required	❑ Yes ❑ No	**Interpreter language**			
Aboriginal or Torres Strait Islander	❑ Yes			☐ No ☐ Not specified	
Guardian / Administrator name				**Telephone**	
Enduring Power of Attorney Type		**Advance Care Directive**		Completed ❑ Yes ❑ No Attached ❑ Yes ❑ No	
Primary contact name				**Telephone**	
Relationship to client					
GP name				**GP telephone**	
GP address				**GP fax**	
Patient / Person Responsible agrees to this referral	❑ Yes ❑ No				

INJURY & CURRENT HEALTH STATUS

Date of injury		
Stroke	**Traumatic brain injury**	**Non-traumatic brain injury**
❑ Ischaemic ❑ Haemorrhagic	❑ Open injury ❑ Closed injury Mechanism	❑ Hypoxic / anoxic brain injury ❑ Other non–traumatic brain dysfunction (*specify*):
❑ L sided ❑ R sided ❑ Other	If open, PTA? ❑ Yes ❑ No Duration	

Neurosurgery	❑ Yes ❑ No	If yes, surgery date Surgery description
Other injuries and treatment (*describe*)		

Date Created: Feb 2022
Printed from Internet

INJURY & CURRENT HEALTH STATUS *Cont*

Family and Given Name/s _____

Relevant medical history		
Psychiatric history / Current issues		
Recent hospitalisation **Discharge date** **Location** **Reason**		
Drug / Alcohol / Smoking History		
History of behavioural / forensic issues (*list intervention orders in place*)		
History of seizures	❑ Yes - *specify* ❑ No	**Is seizure management plan required?** ❑ Yes ❑ No **If yes, is it completed** ❑ Yes ❑ No If yes, attach to this referral
Current medications (*or attached list*)		
Does the patient manage their own medications?	❑ Yes – provide details	❑ No – Why not
Allergies		
Issues requiring return to acute hospital *(Including expected timeframe for any planned procedures)*		

PREMORBID FUNCTION AND SOCIAL HISTORY

Lives with	❑ Alone ❑ Spouse / Partner ❑ Children ❑ Parents ❑ Friends ❑ Other				
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 (Res care) ❑ Other				
Premorbid Personal ADL					
Eating	❑ Independent	❑ Supervised	❑ Required assistance		
Showering	❑ Independent	❑ Supervised	❑ Required assistance		
Dressing	❑ Independent	❑ Supervised	❑ Required assistance		
Toileting	❑ Independent	❑ Supervised	❑ Required assistance	Continent	❑ Yes ❑ No
Premorbid domestic ADL	❑ Independent Comments	❑ Supervised	❑ Required assistance		

PREMORBID FUNCTION AND SOCIAL HISTORY *Cont*

Family and Given Name/s _____

Premorbid community ADL	❑ Independent ❑ Supervised ❑ Required assistance Comments
Driving	❑ Yes ❑ No
Premorbid mobility	❑ Independent ❑ Supervised ❑ 1 person assist ❑ 2 persons assist
Premorbid mobility aid	Specify
Premorbid cognition	❑ Above average ❑ High ❑ 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 (*if 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	❑ Domestic assistance ❑ Meals ❑ Social support ❑ Nursing care ❑ Provision of goods and equipment ❑ Allied health care ❑ Personal care ❑ Transport services ❑ Case management ❑ Support workers

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
Restlessness, pacing, excessive movement	❑ 1 ❑ 2 ❑ 3 ❑ 4
Self abusive – verbal	❑ 1 ❑ 2 ❑ 3 ❑ 4
Self abuse – physical	❑ 1 ❑ 2 ❑ 3 ❑ 4

Other (*specify*)				
Behaviour assessments completed. *Summarise results*				
Cognition assessments completed. *Summarise results* ❑ memory ❑ attention ❑ executive function ❑ insight / awareness ❑ sociopragmatics ❑ cognitive communication				
Nutrition	Weight		Height	
Diet	❑ Normal ❑ Texture modified ❑ NG feeds ❑ PEG feeds			
Dietary requirements				

Date Created: Feb 2022
Printed from Internet

CURRENT FUNCTIONAL LEVEL & CARE NEEDS *cont*

Family and Given Name/s _____

Transfers		❑ Independent ❑ Supervised ❑ 1 Person assist ❑ 2 Persons assist ❑ Hoist				
Equipment required to complete transfer						
Weight Bearing Restrictions		❑ Full weight bear ❑ Partial weight bear ❑ Non-weight bear				
Walking		❑ Independent ❑ Supervised ❑ 1 Person assist ❑ 2 Persons assist ❑ Unable				
Aids relevant to walking						
Upper Limb Paresis		❑ Right ❑ Left		Spatial neglect	❑ Yes ❑ No	
Lower Limb Paresis		❑ Right ❑ Left				
Continence		Bladder	❑ Continent ❑ Incontinent ❑ Indwelling catheter ❑ Uridome ❑ Other			
		Bowel	❑ Continent ❑ Incontinent ❑ Other			
Skin	Pressure Injuries	❑ Yes ❑ No	List areas		Braden Score	
	Infection	❑ MRSA ❑ VRE ❑ MBL ❑ VISA ❑ Other				
Current personal ADL	Eating	❑ Independent ❑ Supervised ❑ Requires assistance ❑ Aids				
	Showering	❑ Independent ❑ Supervised ❑ Requires assistance ❑ Aids				
	Dressing	❑ Independent ❑ Supervised ❑ Requires assistance ❑ Aids				
	Toileting	❑ Independent ❑ Supervised ❑ Requires assistance ❑ Aids				
Communication						
Language comprehension *Specify deficits*						
Language Expression Speech / voice *Specify deficits*						
Hearing		❑ NAD ❑ Hearing aid ❑ Other				
Vision		❑ Reading glasses ❑ Distance glasses ❑ Other				
Current aids and strategies						
Other issues / special needs						
Reason for referral to Transitional Living Services						
Anticipated discharge destination and address						
❑ Home independent		**❑ Alternative accommodation –** *must specify*				
❑ Home with supports		**Who will provide these supports?**				
❑ High care needs (*specify*)						
❑ Not yet determined (*reason*)						
Requested admission date to TLS				**Anticipated discharge date**		
Clients long term goals for Transitional Living Service admission						

Date Created: Feb 2022
Printed from Internet