|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | |
| **Referral To** | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | | | | *For details please refer to Contact Sheet* | |
| **Fax** |  | | | | | | | | | | | | | |
| **Email** |  | | | | | | | | | | | | | |
| **Date of referral** |  | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | |  | |
| **Patient Details** | | | | | | | | | | | | | | | | |
| **Surname** |  | | | | | | | | **First Name** | |  | | | | | |
| **MRN** |  | | | | | | | | **Sex** | |  | | | | | |
| **DOB** |  | | | | | | | | **Age** | |  | | | | | |
| **Address** |  | | | | | | | | | | | | | | | |
|  | **Suburb** | |  | | | | | | **State** | |  | | **Postcode** | | |  |
| **Phone** | **Mobile** | |  | | | | | | **Home** | |  | | **Work** | | |  |
| **Medicare Number** | | |  | | | | | | **Expiry Date** | |  | |  | | |  |
| **Country of Birth** | | |  | | | | | | **Aboriginal/ Torres Strait Islander** | | | |  | | | |
| **Interpreter Needed** | | |  | | | | | | **Language Spoken at Home** | | | |  | | | |
| **Parent/Guardian Information** | | | | | | | | | | | | | | | | |
| **Mother** | **Name** | |  | | | | | | | | **Phone** |  | | | | |
| **Father** | **Name** | |  | | | | | | | | **Phone** |  | | | | |
| **Other** | **Name** | |  | | | | | | | | **Phone** |  | | | | |
| **Next of Kin** | | | | | | | | | | | | | | | | |
| **Name** | | |  | | | | | | | | **Relationship** | |  | | | |
| **Home Phone** | | |  | | | | | | | | **Mobile Phone** | |  | | | |
| **Address** | | |  | | | | | | | |  | |  | | | |
| **GP/Specialists** | | |  | | | | | | | |  | |  | | | |
| **GP** | | | **Name** |  | | | | | | | **Phone** | |  | | | |
| **Specialist 1** | | | **Name** |  | | | | | | | **Phone** | |  | | | |
| **Specialist 1** | | | **Name** |  | | | | | | | **Phone** | |  | | | |
|  | | | | | | | | | | | | | | | | |
| **Referral Information** | | | | | | | | | | | | | | | | |
| **Referral Source** | | | **Name** |  | | | | | | | **Organisation** | |  | | | |
|  | | | **Phone** |  | | | | | | | **Fax** | |  | | | |
|  | | | **Email** |  | | | | | | | **Alternate Contact** | |  | | | |
| **Has referral been discussed with the family?** | | | | | | **Yes** **No** | | | | | **Comments** | |  | | | |
| **Is the patient ready for rehab?** | | | |  | | | | | | | | | | | | |
| **Reason For Referral**  (must be completed to be accepted) | | | |  | | | | | | | | | | | | |
| **Current Priorities /Family/Client Goals** | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Injury/Medical Information** | | | | | | | | | | | | | | | | |
| **Date of Injury** | | | |  | | | | | | | **Injury Type** | | | **ABI** **TBI** | | |
| **Details of Injury/Diagnosis**  (please state clearly the cause of injury) | | | |  | | | | | | | | | | | | |
| **Length of PTA** | | | |  | | | | | | | **Lowest GCS Score** | | |  | | |
| **Other Medical History** | | | |  | | | | | | | | | | | | |
| **Place of Acute Care** | | | |  | | | | | | | | | | | | |
| **Place of Inpatient Rehabilitation** | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Current Status** | | | | | | | | | | | | | | | | |
| **Current Function**  Cognitive/Communication/ Physical/Behavioural/Social etc | | | |  | | | | | | | | | | | | |
| **Current Medications** | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Social Environment** | | | | | | | | | | | | | | | | |
| **Family –** parents, siblings, extended family, pets | | | |  | | | | | | | | | | | | |
| **Hobbies/Interests/Sports/ Favourite Things** | | | |  | | | | | | | | | | | | |
| **Accommodation** | | | | | | | | | | | | | | | | |
| **Current Accommodation** – i.e. Private/Rental/DOH/Nil | | | |  | | | | | | | | | | | | |
| **Access to house –** layout/stairs etc. | | | |  | | | | | | | | | | | | |
| **School/TAFE** | | | | | | | | | | | | | | | | |
| **Name** | | | |  | | | | | | | | | | | | |
| **Contact** | | | |  | | | | | | | | | | | | |
| **Address** | | | |  | | | | | | | | | | | | |
| **Teacher / Learning Support Officer** | | | | **Name** | |  | | | | | | | | | | |
| **Phone** | |  | | | | | | | | | | |
| **Email** | |  | | | | | | | | | | |
| **Principal** | | | | **Name** | |  | | | | | | | | | | |
| **Phone** | |  | | | | | | | | | | |
| **Email** | |  | | | | | | | | | | |
| **Current School Grade** | | | |  | | | | | | | | | | | | |
| **School Performance Prior to Injury** | | | |  | | | | | | | | | | | | |
| **Current School Performance** | | | |  | | | | | | | | | | | | |
| **Employment** | | | | | | | | | | | | | | | | |
| **Employment Details** | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Insurer Information** | | | | | | | | | | | | | | | | |
| **Insurance Type** | | **LTCS** **CTP/MAA** **Other** | | | | | | |  | | | | | | | |
| **Insurer** | | **Name** | | |  | | | | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | |
| **Claim Number** | | |  | | | | | | | | | | | |
| **Contact Person** | | | **Name** | |  | | | | | | | | | |
|  | | | **Phone** | |  | | | | | | | | | |
|  | | | **Email** | |  | | | | | | | | | |
| **Status** | | |  | | | | | | | | | | | |
| **Solicitor** | | **Name** | | |  | | | | | | | | | | | |
| **Phone** | | |  | | | | | | | | | | | |
| **Email** | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Services/Agencies Involved** | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Phone** | | | **Email** | | | | | **Comments** | | | |
|  | | | | |  | | |  | | | | |  | | | |
|  | | | | |  | | |  | | | | |  | | | |
|  | | | | |  | | |  | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |
| **Risk Screen (cross as appropriate)** | | | | | | | | | | | | | | | | |
| History of aggression/violence/inappropriate behaviors | | | | | | | | | |  | | | | | | |
| Risk of self-harm | | | | | | | | | |  | | | | | | |
| Known substance use (inc tobacco) | | | | | | | | | |  | | | | | | |
| Domestic Safety Issues | | | | | | | | | |  | | | | | | |
| Presence of other persons who may pose a risk | | | | | | | | | |  | | | | | | |
| Dangerous animals on premises | | | | | | | | | |  | | | | | | |
| Environmental/Access risk – entry, lighting, personal hygiene | | | | | | | | | |  | | | | | | |
| Firearms on the premises | | | | | | | | | |  | | | | | | |
| Other | | | | | | | | | |  | | | | | | |
| Comments | | | | | | | | | |  | | | | | | |