AlfredHealth Austin Health

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

Victorian Acquired Brain Injury (ABI) Rehabilitation Referral

REFERRAL PROCESS

The Victorian ABI Rehabilitation Services at Alfred Health & Austin Health are state-wide services that provide rehabilitation for people with an ABI. The services accept referrals for patients with an ABI from traumatic and non traumatic causes (hypoxic, stroke, other non-progressive causes).

This form 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 usual subacute referral processes. If you are not sure where a patient is best referred please contact your local subacute rehabilitation assessment service first.

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 and Caulfield Hospital also has services for severely injured compensable TAC/ VWA patients. Please note: Only Caulfield Hospital can accept referrals for patients with tracheostomies.

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.

Service Referred to	Address	Fax Completed Referral to	Contact Number
❑ Alfred Health	Caulfield Hospital 260 Kooyong Road Caulfield VIC 3162	03 9076 6161	Caulfield Hospital Bed Access Ph: 03 9076 6422 Email caulfield.bed.access@cgmc.org.au
❑ Austin Health	Royal Talbot Rehabilitation Centre 1 Yarra Boulevard, Kew VIC 3101	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 (print)		**Position**			
Contact 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**		

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 Tube Type (NB: Alfred Health prefer patients to have either a Cook Versatube or Shiley)					
Other Tracheostomy Management Issues / complications **eg.** frequency of suctioning, sputum load, cuff deflation, failed or unplanned decannulation, tube obstruction, tube displacement, wound breakdown, infection or bleeding, pneumothorax/ haemothorax					
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 _____	
	☐		☐	☐	
Current level of cognitive functioning					
Is the patient oriented	❑ Yes ❑ No		If not oriented – is the patient alert	❑ Yes ❑ No	
If not alert - does the patient respond to pain?				❑ Yes ❑ No	
If the patient responds to pain - are the responses specific (eg. withdrawal / vocalisation)?				❑ Yes ❑ No	
If the patient is alert - does the patient display spontaneous agitation?				❑ Yes ❑ No	
If the patient is alert, but does not display spontaneous agitation - does the patient become confused and agitated when stimulated?				❑ Yes ❑ No	
Other Medical and / or Surgical Problems					

INJURY & CURRENT HEALTH STATUS cont....

Psychiatric History / Current Psychiatric Issues			
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		
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						
Nutrition	Weight		Height			
Diet	❑ Normal ❑ Texture Modified ❑ NG Feeds ❑ PEG Feeds					
Dietary requirements						
Motor Function						
Transfers	❑ Independent ❑ Supervised ❑ 1 Person Assist ❑ 2 Person Assist ❑ Hoist					
Weight Bearing Status	❑ 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	
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