Acquired Brain Injury
OUTREACH, DAY PROGRAM, AND COORDINATOR - ABI AMBULATORY CARE TEAMS REFERRAL FORM

Fax to: 902-425-6574

SECTION A

Referral Date (YYYY/MON/DD): _____

Client Name: _____ Health Card Number: _____
(or affix patient label)

Primary Diagnosis: _____

Date (YYYY/MON/DD) and Cause of Acquired Brain Injury (ABI): _____

_____

Relevent Past Medical History: _____

Is client aware of this referral? ❑ Yes ❑ No

Person to contact for appointment? Name: _____ Phone: _____

CURRENT LIVING STATUS

❑ Living in community: ❑ Alone ❑ With supports (specify): _____

❑ In hospital: Hospital name and unit: _____

Anticipated discharge date (YYYY/MON/DD): _____

and destination: _____

Specify supports recommended for discharge: _____

_____

_____

PROFESSIONALS/AGENCIES CURRENTLY INVOLVED WITH CLIENT (if known):

❑ Dietary
❑ Neurology
❑ NS Dept. of Health
❑ Continuing Care
❑ Physiatry
❑ Psychology
❑ Social Work
❑ Vocational Counselling
❑ Neurosurgery
❑ NS Dept. of Community Services
❑ Occupational Therapy
❑ Physiotherapy
❑ Specialty Nurse Practitioner
❑ Speech Language Pathology
❑ Recreation Therapy
❑ Other (specify): _____

What do you hope to achieve with this referral? _____

_____

_____

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SECTION B

Requesting services of:

❑ **ABI Outreach**	❑ **ABI Day Program**	❑ **Coordinator - ABI Ambulatory Care Teams**
Provides support, education and consultation to service providers, families/caregivers and individuals living with ABI in the community setting within NS Health Central Zone. ❑ ABI education ❑ Cognitive needs ❑ Perceptual needs ❑ Community living skills i.e. transportation/banking ❑ Caregiver support/education ❑ Counselling/emotional support ❑ Self-care skills ❑ Functional mobility i.e. transfer, fall prevention ❑ Facilitate connection to community support ❑ Behaviour management ❑ Leisure education ❑ ABI consultation for staff	Group based program located at the Bedford Neuro Commons that provides education and intervention to manage ABI symptoms and associated difficulties. ❑ ABI education ❑ Fatigue management ❑ Memory strategies ❑ Leisure exploration and sampling ❑ Relaxation ❑ Emotional regulation ❑ Additional considerations impacting ability to attend daily treatment? (i.e. endurance; transportation; work schedules; other.) _____ _____ _____	Through an intake process, identifies client needs, develops recommendations and evaluates the most appropriate ABI service to meet the client's and the family's goals. ❑ Determine appropriate referrals and coordinate ABI ambulatory care services. ❑ Provide consultation to assist with complex discharge planning. ❑ Provide assistance locating exisiting community based services within NS Health Central Zone.

Considerations/Contraindications (i.e. harmful involvement with substances, primary psychiatric diagnosis, seizures, behavioural patterns, dietary restrictions, etc.): _____

_____

Form completed by (please print): _____ Position: _____

Signature: _____ Phone: _____

Please fax form to 902-425-6574. **Coordinator - ABI Ambulatory Care Teams Tel: 902-473-1186**