

Social Information

Family Support: Parent Children Spouse Partner Siblings Other
Relationships: Single Married Co-habiting Separated Divorced Widow
Living Situation: Alone With Parents With Partner Hospital Prison Residential
 Care Home Homeless

Children: No. of children over 18yrs No. of children under 18yrs
Employed at Time of Injury: Yes No
Type and Duration of Employment: Years Months

Financial and Housing Information

State Medical Card

Medical Card No:

Local Authority List

Housing Registration No:

Disability Allowance
 Long Term Illness Book
 Pension
 Ward of Court
 Court Case Pending

Details of Acquired Brain Injury (ABI)

Date of Injury: / /

Cause of Injury:

Traumatic Brain Injury:

- Road Traffic Accident
 Vehicle Driver
 Vehicle Passenger
 Bicycle
 Motorcycle
 Pedestrian
 Fall
 Sporting Accident
- Assault
 Gunshot
 Other Weapon
 Non-weapon Assault

Other:

Non Traumatic Brain Injury:

- Stroke
 Ischaemic Stroke
 Intracerebral haemorrhage
 Subarachnoid haemorrhage
 Infection
 Meningitis
 Encephalitis
 Other
 Anoxia/Hypoxia
(lack of oxygen)
- Eating Disorder
 Toxic or Metabolic Insult
 Overdose: Accidental
 Overdose: Intentional
 Tumour
 Post-Surgical Damage
(e.g. post tumour removal)

Other neurological conditions

Specify:

Primary Difficulties

Please rate the 8 domains in terms of impact on functioning with

3 being the area of most impact, **2** being an area of significant impact and **1** being a minor impact area for this person.

- Thinking Skills:** Memory, Concentration, Planning, Organising, Decision Making, Orientation, Insight.
- Communication:** Language Expression, Language Comprehension, Turn Taking, Social Skills.
- Behaviour:** Impulsive, Disinhibited, Irritable, Aggressive, Passive.
- Mood:** Tearfulness/Depression, Mood Swings, Worry/Anxiety, Reduced Confidence, Suicidal.
- Physical:** Wheelchair, Poor Mobility, Hemiparesis, Weakness, Balance, Fatigue, Pain, Seizures, Diabetes.
- Sensory:** Problems With Eyesight, Hearing, Sensitivity to Touch, Sense of Smell, Sense of Taste.
- Basic Care:** Incontinence, Personal Hygiene, Toileting, Self-Medication, Independence, Eating & Drinking.
- Social:** Reduced Social Network, Relationship Difficulties, Sexual Difficulties, Isolation, Lack of Meaningful Activity / Supports, Lack of Structure / Routine.

History of the Acquired Brain Injury

Use additional page if required.

Hospital Admissions & Dates

Hospital Name:	Admission date: / /	Discharge date: / /
Hospital Name:	Admission date: / /	Discharge date: / /
Hospital Name:	Admission date: / /	Discharge date: / /
Hospital Name:	Admission date: / /	Discharge date: / /

Consultants attended

Name:	Hospital:
Name:	Hospital:
Name:	Hospital:
Name:	Hospital:

Past & Current Services Attended

Past Services Attended (e.g. Speech & Language Therapy, Physiotherapy, Occupational Therapy, Psychology)

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Current Services Attended (e.g. Speech & Language Therapy, Physiotherapy, Occupational Therapy, Psychology)

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Please Specify Any On-Going Therapy

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Current Medication (Please write medications legibly in BLOCK CAPITALS)

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Medical Information

Previous History of Head Injury Yes No Epilepsy Prior To Brain Injury Yes No

Previous Medical History / Illness / Hospitalisation: (are there any degenerative / progressive / deteriorating conditions)

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Previous Psychiatric History / Mental Health Difficulties / Treatment / Hospitalisation:

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Names of Doctors and/or Hospitals Attended:

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History of Substance Abuse or Addiction

Alcohol Drugs Gambling Other - Please Specify:

Prior Treatment Yes No

Program Name:

Admission date: / /

Discharge date: / /

Program Name:

Admission date: / /

Discharge date: / /

Program Name:

Admission date: / /

Discharge date: / /

Program Name:

Admission date: / /

Discharge date: / /

Any Current Treatment or Support From Drug And Alcohol Services:

Yes No

If Abstinent - Length of Abstinence:

Professional Agencies / Services Currently Involved

Are you in receipt of a service at present from the HSE, such as Public Health Nurse, Case Manager etc or from any other organisation? If so, please list:

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Referral Details – This Must Be Filled In

Date of Referral: / /

Name of person completing this form:

Relationship to person referred:

Agency where relevant:

Address:

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Email:

Mobile Number:

Please Return Completed Referral form to :

Acquired Brain Injury Ireland is divided into 4 different regions.
To find what region your county is situated in see the Acquired Brain Injury Ireland map of Ireland on the next page.

For Office Use Only

Consent Forms Received Yes

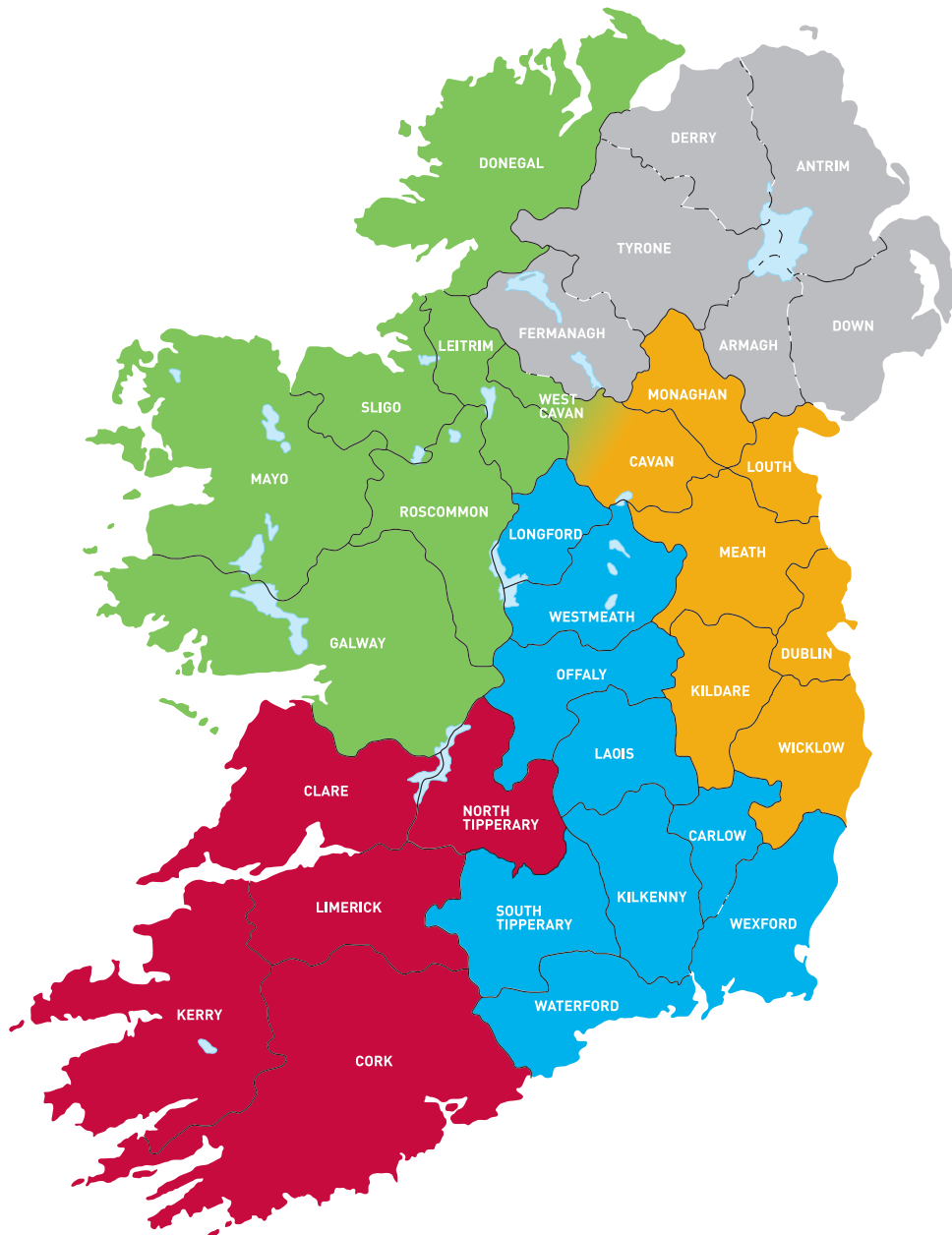
Referral Summary Complete Yes

Initial Assessment Complete Yes

Referral Agent Notified Decision Yes

Acquired Brain Injury Ireland Regions

East/North East	Mid-West/South	Midlands/ South East	West/North-West
Counties: Dublin Kildare Meath Cavan Monaghan Wicklow Louth	Counties: Clare Kerry Cork Limerick North Tipperary	Counties: Carlow Kilkenny Longford Laois Offaly South Tipperary Waterford Westmeath Wexford	Counties: Sligo Mayo Donegal Galway Roscommon West Cavan Leitrim



East / North East Region
 T. 01 280 4164 ext 301
 E. eastnortheastadmin@abiireland.ie
 13 Northumberland Ave, Dun Laoghaire, Co. Dublin

Midlands / South East Region
 T. 062 64544
 E. midlandssoutheastadmin@abiireland.ie
 Our Lady's Hospital Campus, Cashel, Co. Tipperary

South / Mid West Region
 T. 066 714 2993
 E. southmidwestadmin@abiireland.ie
 29 Cahereens West, Castleisland, Co. Kerry

West / North West Region
 T. 091 700 210
 E. westnorthwestadmin@abiireland.ie
 Calbro House, Tuam Rd, Galway