|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GENERAL**  |  |  |  |  |
| **Name:** | **Date of Birth:** |
| **Preferred name (for report):** | **Ethnicity:** |
| **NHI No:** | **ACC No:** |
| **Home Address:** |
| **Main Contact Name:** | **Relationship to Client:** |
| **Home Address:** | **Contact Phone No:** |
| **GP Name and Address:** |
| **Practice Phone No :** |
| **ACC Case Owner:** | **Contact number:** |
| **Previous Facilities:** |
| **Date of Incident:** | **Date of Admission:** |
| **Date of Report:** | **Discharge Date:** |
| **Identified Discharge Destination:** |
| **MEDICAL** | **Signed off by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Presenting complaints/ injuries sustained** *(include TBI, spinal and orthopaedic injuries)* |
| **Brief executive summary** |
| **Injury categorisation/ severity** |
| **Background (PMH)** |
| **Summary of scans/ investigations** |
| **Treatment/ interventions during admission** |
| **Spasticity** |
| **Medical complications** |
| **Medications** |
| **Advice/ driving recommendations** |
| **Plan/ follow up** *(including follow up appointments)* |
| **NURSING** | **Signed off by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **General/Neuro observations** *(delete if not relevant)* |
| **Skin integrity/Wounds/ dressings** *(Delete if not relevant)* |
| **Pain** |
| **Medication management/ medication self administration programme** |
| **Continence** |
| **Nutrition/ PEG** |
| **Sleep** |
| **Medical consumables** |
| **Plan/ recommendations** *(e.g. DN/ continence referral)* |
| **PSYCHOLOGY** | **Signed off by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mental health history** |
| **Mood and emotions** |
| **Behaviour** |
| **Drugs and alcohol** |
| **Cognition** |
| **Plan/ recommendations** |
| **SOCIAL WORK** | **Signed off by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Social history** |
| **Social/ housing interventions during admission** |
| **Finances**  |
| **Legal** *(delete if not relevant)* |
| **PPPR/EPOA** *(delete if not relevant)* |
| **Plan/ recommendations** |
| **OCCUPATIONAL THERAPY** | **Signed off by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Westmead scores/ PTA duration** |
| **Activities of daily living/ home environment** |
| **Vocational/ Employment** |
| **Cognition/ fatigue** |
| **Visual perception** |
| **Equipment** |
| **Care recommendations**  |
| **Summary of assessments completed and scores** |
| **Plan/ recommendations** |
| **PHYSIOTHERAPY** | **Signed off by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Current physical/ functional overview** |
| **Mobility equipment** |
| **Splints/ orthoses** |
| **Vestibular/ oculomotor** |
| **Summary of assessments completed and scores** |
| **Plan/ recommendations** |
| **SPEECH AND LANGUAGE THERAPY** | **Signed off by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Swallow**  |
| **Communication/ cognition/ language** |
| **Summary of assessments completed and scores** |
| **Plan/ recommendations** |
| **KAUPAP MĀORI** | **Signed off by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Māori/ cultural supports** |
| **APPENDICES** |
| **FIM/FAM/DOM** |
| **Functional Independence Measure,** **Functional Assessment Measure and Domestic tasks (FIMFAMDOM)**Scale:7 Complete Independence (timely, safely) 6 Modified Independence (extra time, devices)5 Supervision (cuing, coaxing, prompting)4 Minimal Assist (performs 75% or more of task)3 Moderate Assist (performs 50%-74% of task)2 Maximal Assist (performs 25% to 49% of task)1 Total Assist (performs less than 25% of task)

|  |  |  |
| --- | --- | --- |
|  | **Admission** | **Discharge** |
| **SELF CARE ITEMS** \*FAM items |
| 1 |  Eating |  |  |
| 2 |  Grooming |  |  |
| 3 |  Bathing |  |  |
| 4 |  Dressing Upper Body |  |  |
| 5 |  Dressing Lower Body |  |  |
| 6 |  Toileting |  |  |
| 7 |  Swallowing\* |  |  |
| **SPHINCTER CONTROL** |
| 8 | Bladder Management |  |  |
| 9 | Bowel Management |  |  |
| **MOBILITY ITEMS (Type of Transfer)** \*FAM items |
| 10 | Bed, Chair, Wheelchair  |  |  |
| 11  | Toilet  |  |  |
| 12 | Tub or Shower  |  |  |
| 13 | Car Transfer\*  |  |  |
| **LOCOMOTION** \*FAM items |
| 14 | Walking/ Wheelchair - [ ]  Walk [ ]  Wheelchair [ ]  Both |  |  |
| 15 | Stairs |  |  |
| 16 | Community Access\* |  |  |
| **COMMUNICATION ITEMS** \*FAM items |
| 17 | Comprehension - [ ]  Auditory [ ]  Visual [ ]  Both |  |  |
| 18 | Expression - [ ]  Vocal [ ]  Non-vocal [ ]  Both |  |  |
| 19 | Reading\* |  |  |
| 20 | Writing\* |  |  |
| 21 | Speech Intelligibility\* |  |  |
| **PSYCHOSOCIAL ADJUSTMENT** \*FAM items |
| 22 | Social Interaction |  |  |
| 23 | Emotional Status\* |  |  |
| 24 | Adjustment to Limitations\* |  |  |
| 25 | Use of leisure time\* |  |  |
| **COGNITIVE FUNCTION** \*FAM items |
| 26 | Problem Solving |  |  |
| 27 | Memory |  |  |
| 28 | Orientation\* |  |  |
| 29 | Concentration/ Attention\* |  |  |
| 30 | Safety Awareness\* |  |  |
| **DOMESTIC TASKS** (DOM items) |
| 31 | Meal preparation |  |  |
| 32 | Laundry |  |  |
| 33 | Housework |  |  |
| 34 | Shopping |  |  |
| 35 | Financial management |  |  |

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| All other assessments/ documents available on request |