|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  | | | | | | | | | | | | | | |
| All other assessments/ documents available on request | | | | | | | | | | | | | |