



# MEDICAL STATUS FORM- COMMUNITY

**TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER**

This Applicant is applying for Head Injury Rehabilitation Ontario's (HIRO) Outreach or Group Services, for rehabilitative programming to improve functional skills and quality of life post-brain injury. Please complete the following:

Is the applicant's diagnosis an acquired brain injury?  Yes  No *(If NO, this applicant is not eligible for HIRO's services; please discontinue this form)*

If yes, please specify the diagnosis: \_\_\_\_\_

- I, confirm this Applicant is not being queried for/diagnosed with a progressive or degenerative disease/disorder (e.g. dementia, malignant tumor/cancer etc.)
- I, confirm the Applicant is not diagnosed with an in-utero/at birth ABI, pediatric (<16) ABI, or developmental disability that severely impacted reaching developmental milestones in youth. *If the brain injury occurred under age 16, please consider a referral for Developmental Services Ontario.*

Please list any other diagnostics *relative to function* (e.g. addictions, mood disorders, cardiovascular or respiratory disease, metabolic diseases, autoimmune diseases, sleep disorders, neurological or neuromuscular disorders):

\_\_\_\_\_

**APPLICANT INFORMATION:**

|                      |                            |              |              |
|----------------------|----------------------------|--------------|--------------|
| _____                | ____/____/____             | _____        | _____        |
| First Name/Last Name | Date of Birth (MM/DD/YYYY) | Height (cm)  | Weight (lbs) |
| _____                | _____                      | _____        | _____        |
| Address              | Street                     | City         | Postal Code  |
| _____                | _____                      | _____        | _____        |
|                      | _____                      | _____        | _____        |
|                      | Unit #                     | Phone Number |              |

**CAPACITY FOR REHABILITATION:**

Successful applicants to HIRO's Outreach and Group services must demonstrate some capacity for rehabilitation. Please identify this applicant's abilities in the following areas:

|                                     |   |
|-------------------------------------|---|
| <b>Orientation</b>                  | <input type="checkbox"/> Yes - Oriented to person and place<br><input type="checkbox"/> No - Not oriented to person, place, or time<br><input type="checkbox"/> Uncertain   |
| <b>Follows 1 to 2 step commands</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Uncertain   |
| <b>Memory Deficit</b>               | <input type="checkbox"/> Has working memory deficit (cannot retain basic / simple information >5 minutes) or cannot sustain attention more than 5 minutes<br><input type="checkbox"/> Has short term memory deficit<br><input type="checkbox"/> Has no significant memory deficit<br><input type="checkbox"/> Uncertain                             |
| <b>New Learning</b>                 | <input type="checkbox"/> Unable to demonstrate any new learning, even with compensatory strategies<br><input type="checkbox"/> Potential to learn basic skills using repetition and/or compensatory strategies (e.g. timers, alarms, calendars)<br><input type="checkbox"/> No difficulties with new learning<br><input type="checkbox"/> Uncertain |

## CAPACITY FOR REHABILITATION *continued...*

|   |   |
|---|---|
| <b>Demonstrates some insight into referral for rehabilitation</b> | <input type="checkbox"/> Has some insight into physical, cognitive, or behavioural deficits<br><input type="checkbox"/> Admits to physical deficits or restrictions (e.g. hemiparesis, weakness, mobility issues, not allowed to drive or work), but may not recognize cognitive/behavioural deficits<br><input type="checkbox"/> Has no self-awareness or insight into any deficits<br><input type="checkbox"/> Uncertain  |
| <b>Goals for rehabilitation</b>                                   | <input type="checkbox"/> Has some realistic life skills goals (e.g. meal preparation, showering, dressing)<br><input type="checkbox"/> Has unrealistic/ambitious goals for recovery (e.g. expectation to regain full function after SCI or hemiparesis, independent living, return to work or driving)<br><input type="checkbox"/> Requires exploration for non-pharmaceutical or non-physical restraint options for managing behaviours to improve quality of life<br><input type="checkbox"/> No rehabilitation goals |

Please list any/all medical or emergency considerations HIRO staff should be aware of while servicing this Applicant (e.g. allergies, falls, seizures, panic attacks, self-harm, behaviours, etc.):

## MEDICAL CLEARANCE FOR CRISIS INTERVENTION

HIRO staff use Crisis Intervention and Prevention techniques including physical holds, blocks, and escorts when necessary to safely manage imminent risk of harm. Staff will use the least level of physical intervention required to manage the crisis. Please indicate if this applicant is medically cleared for use of basic crisis intervention techniques:

Cleared       Not Cleared

Date completed: \_\_\_\_\_  
(DD/MM/YYYY)

I, \_\_\_\_\_  
PRINT First Name/ Last Name/ Profession/ Designation

**Certify that the above information is complete and accurate to the best of my knowledge at the time of application.**

\_\_\_\_\_  
Signature

### Physician/Nurse Practitioner Contact information:

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

CPSO #/ Registration #: \_\_\_\_\_

### What is your relationship to this applicant?

- Family Physician  
 Walk-In Physician  
 Specialist/Consultant  
 Other: \_\_\_\_\_

Please **return** completed form to:

Head Injury Rehabilitation Ontario  
Attn: Admissions Department  
508 – 225 King William St.  
Hamilton, ON L8R 1B1

Fax: 905 523-8211

*Personal health information will be protected by HIRO as per the Personal Health Information Protection Act (PHIPA).*

## A Promise of Hope After ABI