



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.) Yes No *(If NO, this applicant is not eligible for HIRO's services; please discontinue this form)*

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. Yes No *(If NO, this applicant is not eligible for HIRO's services; please discontinue this form)*

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 (ft/inches)	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:

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

CAPACITY FOR REHABILITATION *continued...*

Demonstrates some insight into referral for rehabilitation	<ul style="list-style-type: none"><input type="checkbox"/> Has some insight into physical, cognitive, or behavioural deficits<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<input type="checkbox"/> Has no self-awareness or insight into any deficits<input type="checkbox"/> Uncertain
Goals for rehabilitation	<ul style="list-style-type: none"><input type="checkbox"/> Has some realistic life skills goals (e.g. meal preparation, showering, dressing)<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)<input type="checkbox"/> Requires exploration for non-pharmaceutical or non-physical restraint options for managing behaviours to improve quality of life<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. communicable diseases, 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