Head Injury Rehabilitation Ontario

MEDICAL STATUS FORM- COMMUNITY

Tel: 905-523-8852 ext. 123 **Fax:** 905-523-8211
Email: admissions@hiro.ca **Web:** www.hiro.ca

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

APPLICANT INFORMATION:

_____ First Name/Last Name

_____/_____/_____ Date of Birth (MM/DD/YYYY)

_____ Height (cm)

_____ Weight (lbs)

_____ Address Street City Postal Code Unit #

_____ Phone Number

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: _____

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

_____

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	☐ Yes – Oriented to person and place ☐ No – Not oriented to person, place, or time ☐ Uncertain
Comprehension	☐ Yes – follows 1 to 2 step commands ☐ No – cannot follow 1 to 2 step commands ☐ Uncertain
Memory Deficit	☐ Has working memory deficit (cannot retain basic / simple information >5 minutes) or cannot sustain attention more than 5 minutes ☐ Has short term memory deficit ☐ Has no significant memory deficit ☐ Uncertain
New Learning	☐ Yes – Can respond to compensatory techniques and/or demonstrates retention of new learning ☐ Potential to learn basic skills using repetition and/or compensatory strategies (e.g. timers, alarms, calendars) ☐ Unable to demonstrate any new learning, even with compensatory strategies ☐ Uncertain
Demonstrates some insight into referral for rehabilitation	☐ Has some insight into physical, cognitive, or behavioural deficits ☐ 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 ☐ Has no self-awareness or insight into any deficits ☐ Uncertain
Goals for rehabilitation	☐ Has some realistic life skills goals (e.g. meal preparation, showering, dressing) ☐ Has unrealistic/ambitious goals for recovery (e.g. expectation to regain full function after SCI or hemiparesis, independent living, return to work or driving) ☐ Requires exploration for non-pharmaceutical or non-physical restraint options for managing behaviours to improve quality of life ☐ 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.):

ATTESTATION

☐ 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.*

☐ I, confirm that this Applicant is medically cleared for the use of basic Crisis Intervention and Prevention techniques including physical holds, blocks, and escorts when necessary to safely manage imminent risk of harm.

Date completed: _____
(DD/MM/YYYY)

I, _____ certify that the above information is complete
PRINT First Name/ Last Name/ Profession/ Designation

and accurate to the best of my knowledge at the time of application.

Signature: _____

Physician/Nurse Practitioner Contact information:

Address: _____

_____

_____

Telephone: _____

CPSO #/ Registration #:_____

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

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

A Promise of Hope After ABI