### STATE HEAD INJURY UNIT

### CONCUSSION PATHWAY REFERRAL FORM

Ground Floor E Block, Sir Charles Gairdner Hospital

**Ph:** 08 6457 4488 **Fax:** 08 6457 4489 **Email:** shiu@health.wa.gov.au

Please note: Eligibility for service – 16-65years, concussion sustained within 12 months of referral, ongoing issues are primarily concussion related. The concussion program is a time limited service. GP involvement is required to support ongoing management. Persons with protracted alcohol or substance use are ineligible for this program.

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| --- | --- | --- |
| **NAME:**       | **DOB:**       | **UMRN:**       |
| **ADDRESS:**       | **POSTCODE:**       |
| **POSTAL ADDRESS** (if different from above)**:**       |
| **PHONE:       EMAIL:** |
| **CONTACT:** [ ]  **Patient** or [ ]  **NOK**       |
| **INTERPRETER NEEDED** [ ]  **Yes** [ ]  **No LANGUAGE:**       |
| **MARITAL STATUS:** [ ] Married [ ]  Partner [ ]  Divorced/Separated [ ]  Never married |
| **ABORIGINAL OR TORRES STRAIGHT ISLANDER?** [ ]  **Yes** [ ]  **No**  |
| **DOES THE CLIENT HAVE A GUARDIAN OR ENDURING GUARDIAN WITH THE FUNCTION OF MEDICAL DECISION MAKING?** [ ]  **Yes** [ ]  **No** If yes, please provide details:       |
| **DATE OF CONCUSSION:**       |
| **CAUSE OF CONCUSSION**:       |
| **PAST MEDICAL HISTORY** (including psychological and psychiatric history):      |
| **HOSPITAL / E.D. ADMISSION:** [ ]  **Yes** [ ]  **No Date:**       |
| **GP DETAILS** (Required)**:**       |
| **OTHER SERVICES INVOLVED** (private services, medical specialist): |
| **SOCIAL SITUATION:**(include living arrangements, social supports, work, employment status, driving)     **Are there any medicolegal issues** [ ]  **Yes** [ ]  **No** **ICWA:** [ ]  **Yes** [ ]  **No** **Workers Compensation?** [ ]  **Yes** [ ]  **No** If yes, please provide details:      **CLINICAL RISK FACTORS?** [ ]  **Yes** [ ]  **No** (if yes, please elaborate*)*[ ]  **Behavioural** (e.g.: aggression, self-harm/suicide attempts, disinhibition, impulsivity, psychosis, personality change)[ ]  **Forensic** (e.g.: criminal conviction/s, current charges pending, Violence Restraining Orders, Community Orders, domestic violence)[ ]  **Psychosocial** (e.g.: home environment including risks from other occupants)[ ]  **Alcohol/Substance Abuse\******\*Please note: any clients with active (or recent significant) alcohol or substance abuse are not eligible for the SHIU Concussion Pathway.***[ ]  **Other****If ‘Yes’ to any of the above, please elaborate:**        |
| **CONCUSSION SYMPTOMS** (Brief summary of ongoing symptoms – attach any recent assessments):**PHYSICAL (incl. vestibular, balance, exertional, cervicogenic):**      **EMOTIONAL / BEHAVIOURAL:**      **SLEEP / FATIGUE:**      **COGNITION:**       |
| **REASON FOR REFERRAL:**       |
| **IS THE CLIENT AWARE OF THIS REFERRAL?** [ ]  **Yes** [ ]  **No** (if no, please elaborate)       |
| **REFERRER:**       |
| **ORGANISATION:**       |
| **ADDRESS:**       |
| **PHONE:**       |

**OFFICE USE ONLY:** **Referral taken by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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