

PRE-ASSESSMENT QUESTIONNAIRE

If you have case or care reports that cover the sections in this questionnaire, please feel free to send them instead of the questionnaire.

Name of Prospective Patient	
Date of Birth	
Type of Brain Injury	
Current Location	
Name of Referrer	

Nursing

Brief Summary of Nursing Needs
Current Medical Needs
Psychiatric / Behavioural Needs
History of Injury (please include relevant information eg. Glasgow coma scale, investigations, length of unconsciousness etc)
Serious Risks eg. Challenging Behaviour

Social Work

A brief resume of life pre-accident

Funder

Benefits / Income / Insurance Claim

Exit Strategy

Occupational Therapy

Any standardised assessments and results
Present level of functioning with ADLs
Present input being given by OT
Have further / future goals been identified
Insight / safety awareness i.e. road safety, kitchen safety etc.
Compliance / motivation with rehab
Behaviour
Cognition / perceptual problems
Vision
Communication

Physiotherapy

Please give a brief overview of physical status – consider:

Available Movement
Muscle Tone
Contracture
Wheelchair / Seating – suitability?
Transfers
Splinting
Significant physical goals achieved since admission
Factors complicating / hindering rehab
Current Physio management
Future Physio management
Considered rehab potential

Psychology

Please would you provide the following information. If there is not enough space given for your replies please use additional pages. If it is possible for you to send us a copy of a Psychology Report this would be very useful.

Psychometric Assessments

Please provide details of psychometric assessments carried out, including:

- Date/s assessed
- Assessments used
- Scores
- Summary of findings
- Recommendations made

Background information

Educational history
Employment history
Family details, including current support network
Details of any previous mental health issues

The Brain Injury

<p>Details of injury, including:</p> <ul style="list-style-type: none">• Date of injury• How acquired• GCS, length of time unconscious• Out of PTA? Y/N• If out of PTA, date of this• Details of any neurological investigations

Information Regarding Recovery

Mood since the injury
Behaviour since the injury e.g. any incidents of aggression
Details of any behavioural management programmes used and evaluation of effectiveness
Any other information which you feel it would be useful for us to know

Completed by	
Designation	
Contact Telephone Number	

Please send your completed form to Helen Pessell, Director of Nursing,
Glenside Manor, Warminster road, South Newton, Near Salisbury, SP2 0QD.