

BIRP UNIT: SABIS	Community <input type="checkbox"/> TLU <input type="checkbox"/> Paediatrics <input type="checkbox"/> Inpatient <input type="checkbox"/>
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PLEASE COMPLETE WHOLE FORM

1. PATIENT DETAILS

Surname: _____	Other Name: _____
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Maiden Name/ Alias: _____	Marital Status: _____
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Medicare Number: _____	Date of Birth: ___ / ___ / _____
Expiry Date _____ Number on card: _____	

Address: _____

Suburb: _____	Postcode: _____	State: _____
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Phone Contact: _____	Email: _____
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Medical Fund Name (If applicable) _____

<p>Sex:</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Not Stated / Inadequately Described	<p>Indigenous Status:</p> <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Not stated / inadequately described	<p>Main Language Spoken:</p> <p>Interpreter:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
<p>Country of Birth:</p> 		

Next of Kin / Contact Details:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Alternative Contact: _____ Interpreter Required: Yes No

<p><u>GP Details:</u></p> <p>GP Name: _____</p> <p>Provider Number: _____</p> <p>Address: _____ _____</p> <p>Phone: _____ Fax: _____</p>	<p><u>Specialist Details:</u></p> <p>Specialist Name: _____</p> <p>Provider Number: _____</p> <p>Address: _____ _____</p> <p>Phone: _____ Fax: _____</p>
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SABIS DATA COLLECTION FORM

2. EMPLOYMENT / EDUCATION DETAILS (at time of Injury)

Highest education level attained at time of injury

- Unknown
- No formal education
- Primary School
- High School (incomplete)
- High School (Yr 10)
- High School (Yr 12)
- TAFE / College (Cert-Dip-Adv Dip)
- University (Bach-Mast- PhD)

Study type at time of injury

- Unknown
- No Study
- School
- TAFE
- Uni
- Vocational training
- Apprenticeship
- Other

Was client working at time of injury:

- Yes No

If working, was it full or part time

- Employed Full Time (>=35 hours /wk)
- Employed Part Tim (<=35 Hours /wk)
- Unknown

If working, how many hours

If working, what was their job title:

Attending School:

- Yes
- No

School Name:

Grade/Year/Class

School Contact:

3. COMPENSATION STATUS

Claim Number:

Insurer Details:

Name

Address

Suburb

Postcode

Phone

Fax

Solicitor Details:

Name

Address

Suburb

Postcode

Phone

Fax

Claim type/ Financial status:

- Non-Chargeable
- NSW CTP
- Icare LTC
- Worker Comp / Workers Insurance
- Interstate Motor Vehicle Compensation
- Other Chargeable
- NDIA
- Not Stated / Not Known

If Claim Lodged

Compensation Status:

- Claim Not Yet Lodged
- Pending – Payment without prejudice
- Pending – Payment under paediatric <\$20,000 scheme
- Pending – Liability not determined / in dispute
- Compensable - Liability accepted
- Compensable - Claim settled and paying
- Compensable – Claim settled and public
- Liability Denied – Non-compensable
- Not State / Not Known

Send Bills to:

- CTP Insurer
- Worker's Comp Insurer
- Solicitor
- OPC
- Armed Forces
- Private
- No Bills

SABIS DATA COLLECTION FORM

4. INJURY DETAILS

Is this the first/ second / etc / INJURY

One Two Three Four

Date of Injury: ___ / ___ / ____

Type of Injury

ABI TBI

Injury Setting:

Work Other

Injury Circumstance: TBI

- MVA Driver
- MVA Passenger
- Motorcycle rider / pillion passenger
- MVA Pedestrian
- MVA Skate Board / Rollerblade / Scooter / Wheelchair
- Non- MVA Skate Board / Rollerblade / Scooter / Wheelchair
- MVA Pedal Cyclist/Pushbike
- Non MVA Pedal Cyclist/Pushbike
- MVA unspecified
- Gunshot
- Assault / Non Accidental Injury
- Fall /dive on same level or from one level to another

- Fall from horse
- Sport Related
- Other TBI (specify below)
- Not Stated / Not Known

ABI

- Hypoxia / CVA / Cerebral Bleed
- Stroke
- Infections
- Other Non-TBI (specify below)
- Not Stated / Not Known

If Other please state:

GCS:

At Scene: -----

At Admission: -----
(To acute hospital)

At Referral: -----

PTA (Severity of Injury)

- Yes
- TBI --no PTA
- Not Applicable – Injury in child <8 years
- Still in PTA
- Unable to Estimate

If PTA Known - Length of PTA:

- <1 Day
- 1-6 Days
- 1-4 Weeks
- 1-6 Months
- > 6 Months
- Or Exact Number of days-

Injury Details / Notes

Relevant History (e.g. Psychiatric, D&A, previous trauma etc)

Medications:

SABIS DATA COLLECTION FORM

5 REFERRAL INFORMATION

DATE of REFERRAL ___/___/___	Completed By: _____
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Previous Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date of Previous Injury: (if known) ___/___/___
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Is the Client Aware of the Referral: Yes No

REFERRER CONTACT

Contact Person: _____ **Position** _____

Organisation: _____

Address: _____

Phone: _____ **Fax:** _____ **Alternative Contact:** _____

REFERRAL REASON / NOTES

SOURCE of REFERRAL

- Own BIRP Unit
- Other BIRP Unit
- Hospital
- Family / Self-Referral
- Medical Practitioner / Specialist
- School / Workplace
- Brain Injury Clinic
- Brain Injury Support Group
- Community Agency
- Other Rehab Facility
- Nursing Home
- Other
- Not Stated / Not Known

BIRP UNIT

- Liverpool BIRP
- Royal Rehab BIRS
- Westmead BIRS
- HBIS
- IBIS
- Dubbo BIRP
- MWBIRP
- Northern BIRP
- Port Macquarie MNC BIRS
- Coffs Harbour MNC BIRS
- SW BIRS
- SCHN Randwick
- SCHN Westmead
- PBIRT Newcastle
- Unknown

SABIS DATA COLLECTION FORM

6. LIVING AND SUPPORT CIRCUMSTANCES

Community Residence:

- Private Rental / Public or Subsidised / Privately owned
- Group Home
- Boarding House
- Residential Aged Care (low level care) including hostel
- Shelter / Refuge
- Homeless / Public Place
- Gaol / Detention Facility
- Other
- Not Stated / Not Known

Living Arrangements

- Lives Alone
- Lives with Spouse / Partner
- Lives with Spouse / Partner and other family members
- Lives with other family members
- Lives with other members of the community
- Paid Attendant / Carer
- Institution / Facility Staff
- Other Arrangements
- Not stated / Inadequately described

Principal Source of Income:

- Government Allowance
- Self Funded (includes compensation payout)
- Other / Inadequately Described
- Dependent on others
- Full-time Employment
- Part-time Employment
- No Income

If Government Allowance Please Specify

- Disability
- Sickness
- Austudy
- New Start
- Carers Allowance
- Aged Pension
- DVA
- Other Government Allowance

SABIS DATA COLLECTION FORM

Community Care Arrangements

- No Community Care
- Family / Friend
- GP / Specialist
- Community Health Service
- Mental Health Service
- Drug & Alcohol Service
- Community Agency / Support Service or Tutor
- Private Care Agency
- Other
- Education Assistance including Teacher 's Aide
- Not Known / Inadequately Described

Additional Notes / Attachments (Please attach any supporting documents)