

SOUTH WEST BRAIN INJURY REHABILITATION SERVICEPh Albury 0260 419 902 Ph Wagga 0269 710 151 Email: swbirs@gsahs.health.nsw.gov.au or swbirs.wagga@gsahs.health.nsw.gov.au
Freecall: 1800 637040 Fax 0260 419 928**GREATER SOUTHERN**
AREA HEALTH SERVICE
NSW HEALTH**NEW REFERRAL:** **ADULT** **KIDS TEAM** **DATE OF REFERRAL** ____ / ____ / ____**SURNAME:** _____ **FIRST NAME:** _____**DATE OF BIRTH:** ____ / ____ / ____ **GENDER:** **MALE** **FEMALE****ADDRESS:** _____**TOWN:** _____ **STATE:** _____ **POST CODE:** _____**PHONE:** (____) _____ **MOBILE:** _____**EMAIL:** _____ **MEDICARE NUMBER:** _____**NEXT OF KIN:** _____**RELATIONSHIP TO CLIENT:** Wife Husband Mother Father Daughter Son
 Other**N.O.K. TELEPHONE** (____) _____ **MOBILE:** _____**GENERAL PRACTITIONER:** _____ **PHONE:** (____) _____**ADDRESS:** _____**TOWN:** _____ **STATE:** _____ **POST CODE:** _____**SPECIALIST:** _____ **PHONE:** (____) _____**ADDRESS:** _____**TOWN:** _____ **STATE:** _____ **POST CODE:** _____**INJURY DETAILS:****DATE OF INJURY/ONSET:** ____ / ____ / ____ **TBI/NON TBI** Yes No**CAUSE OF INJURY:** MVA Related Driver Passenger
 Assault/Non Accidental Injury Pedal Cyclist/Pushbike Gunshot
 Fall (Other than sport) Sport/Leisure Related Hypoxia/CVA/Cerebral Bleed
 Other TBI**PTA:** Yes No PTA – Non TBI TBI – No PTA Not Applicable – Injury to child < 8 years
 Still in PTA Unable to Estimate Unavailable**DIAGNOSIS:** _____**COMPENSIBLE?** Yes No Workers Comp CTP TAC Common Law Unknown**INSURER'S NAME** _____ **CLAIM NUMBER** _____**PAEDIATRIC CLIENTS ONLY:** Have you discussed this referral with the family? YES NO**SCHOOL:** _____ **YEAR LEVEL:** _____**SCHOOL CONTACT:** _____ **PHONE:** (____) _____**REFERRER DETAILS:****NAME** _____ **AGENCY/FACILITY** _____**ADDRESS:** _____**TOWN:** _____ **STATE:** _____ **POST CODE:** _____**PHONE:** (____) _____ **MOBILE:** _____

REASON FOR REFERRAL: _____

OTHER KEY PERSONS *responsible for medical management:* _____

MEDICATION: *(include dosage and comments on recent changes)* _____

PRESENTING PROBLEMS:

Physical _____

Cognitive _____

Communication _____

Behavioural/Emotional/Social _____

Family History (family support, etc) _____

Please comment on client's motivation to undertake rehabilitation _____

Other relevant medical details (eg allergic reaction, epilepsy, drug/alcohol use) _____

***PLEASE ATTACH ANY REPORTS OF X-RAYS, CT SCANS OR
OTHER RELEVANT INVESTIGATIONS AND FORWARD WITH REFERRAL TO***

SOUTH WEST BRAIN INJURY REHABILITATION SERVICE

PO Box 326 ALBURY NSW 2640

or fax to:

02-6041 9928

Please phone SWBIRS on 02-6041 9902 or Freecall 1800 637 040 if you have any queries