



THE ACQUIRED BRAIN INJURY FORUM KERRY

A forum was established in April 2009 to effectively respond to the needs of people in Kerry who have an Acquired Brain Injury 16-65yrs, taking cognisance of the available resources and the service providers in the area. The Forum meets on a **monthly basis**.

The Forum includes members from:

- HSE Disability Services.
- Acquired Brain Injury Ireland,
- Headway Ireland,
- HSE Community Services

The Supports that may be available through the forum highlighted are as follows:

- ABI Community Rehabilitation
- Counselling Support
- Neuropsychology Assessment
- Neuropsychology Rehabilitation
- Psychotherapy
- Family/Individual Social Work Support
- ABI Assisted Living Service
- ABI Information and Awareness Education
- Initial Assessment/Needs assessment
- Links to ABI Advocacy Support Services
- Acute/Community Nursing & Therapy Support Services
- Referral to Consultant in Rehabilitation

Process of Application

- An application form can be accessed through the following Services: HSE Community Health Services/ GP/ Hospital/ HSE Disability Services/ ABI-Ireland Service / Headway Service.
- On receipt of application, a letter of acknowledgement will be issued to the client.
- Application is discussed at the next forum meeting. A lead ABI Agency will be assigned and begin assessment process if appropriate.
- If the applicant does not meet with basic criteria for service provision, they will be notified and can be referred to a service more appropriate to their needs, with their permission.

All enquiries through: The Care-Group Coordinator, Disability Services, HSE South, Rathass, Tralee, Co. Kerry –(066) 7199722

IMPORTANT

Please take care when filling out this form to include as much information as possible. A Lack of Information could result in a significant delay in the processing of your referral.

Information Checklist

Below is a check list of reports that should be attached to application if applicable. It is important that all relevant information is forwarded as it will aid in a timely response in the referral process.

Document:	Tick if report attached
**Medical Diagnosis	
Neuro- Psychology Assessment	
Psychology Reports	
Speech & Language Assessment/Report	
Social Work Report	
Physiotherapy Report	
Occupational Therapy Report	
PHN Nursing Report	

** **essential report.** Medical evidence of an Acquired Brain Injury is essential as part of this application process i.e. Medical reports/CT Report etc. It is the responsibility of the referrer to ensure that these are included.*

Additional Information:

Prior to a meeting with a representative any information in regards to any difficulties that the person may have in engaging in the interview would be helpful. This will ensure that the representative can effectively respond to the needs of the person and allow for whatever supports are required to complete the meeting.

Interview Information:	Primary Difficulties: <i>circle as appropriate</i>
Communication Supports:	Language expression, social skills, communication aids
Thinking Skills	Memory, concentration, decision making, orientation, insight.
Mood:	Tearfulness/depression, mood swings, worry/anxiety
Behaviour:	impulsive, disinhibited, irritable, aggressive, passive
Physical:	Wheelchair user, poor mobility, hemiparesis, weakness, poor balance, fatigue, pain, epilepsy, diabetes
Sensory:	Problems with eyesight, hearing, sensitivity to touch and smell.
Basic Care Needs:	Incontinence, toileting, medication needs
Other: <i>please give details</i>	

**Please return this completed form to:
CareGroup Coordinator, Disability Services, HSE South, Rathass, Tralee, Co Kerry.**

Acquired Brain Injury Forum Kerry Application Form

Client Information							
Name:		Gender	Male		Female		
DOB		Age					
Address							
Nationality/Country of Origin							
Telephone no		Mobile:					
Next Of Kin		Relationship to					
Telephone no		Mobile					
G.P		Telephone no					
Address							
Financial Information							
Medical No: <i>(if applicable)</i>							
Please ✓ if applicable below							
Disability Allowance		Pension		Ward of Court <small>(please ✓)</small>		Illness Benefit: <small>(please ✓)</small>	

Name of Hospital / Rehab Centre/ Facility currently attending		
1.	Consultant:	Tel no:

Medical History/Diagnosis of ABI

Relevant Social History: *Family support, relationship status, living situation, employment*

Reasons for Referral/Application:

Rehabilitation to Date and Optimal Functional level

Medical: SHO/Consultant/GP – <i>If applicable</i>						
Relevant reports attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Therapist reporting	<input type="checkbox"/>
Contact Details:						
Follow up apt/review/Community referral:						

Psychology Acute/Community: <i>If applicable</i>						
Relevant reports attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Therapist reporting	<input type="checkbox"/>
Contact Details:						
Follow up apt/review/Community referral:						

Psychiatry / Mental Health Service Acute/Community: <i>If applicable</i>						
Relevant reports attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Therapist reporting	<input type="checkbox"/>
Contact Details:						
Follow up apt/review/Community referral:						

Social Work Acute/Community: <i>If applicable</i>						
Relevant reports attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Therapist reporting	<input type="checkbox"/>
Contact Details:						
Follow up apt/review/Community referral:						

Physiotherapy Acute/Community: <i>if applicable</i>						
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Relevant reports attached	Yes		No		Therapist reporting
Contact Details:					
Follow up apt/review/Community referral:					

Speech & Language Acute/Community: <i>if applicable</i>					
Relevant reports attached	Yes		No		Therapist reporting
Contact Details:					
Follow up apt/review/Community referral:					

Occupational Therapy Acute/Community: <i>if applicable</i>					
Relevant reports attached	Yes		No		Therapist reporting
Contact Details:					
Follow up apt/review/Community referral:					

Nursing Update Acute/Community: <i>if applicable</i>					
Relevant reports attached:	Yes		No		Person Reporting
PHN Contact Details:					
Follow up apt/review/Community referral:					

Client Nutrition: (if applicable)					
Relevant reports attached:	Yes		No		Person Reporting
Contact Details:					
Follow up apt/review/Community referral:					

Drug and Alcohol Support Service: (if applicable)					
Relevant reports attached:	Yes		No		Person Reporting
Contact Details:					
Follow up apt/review/Community referral:					

Any other Health Agency Referrals/ Relevant Future Apts

◆
◆
◆
◆

Person Completing Form	
Relationship to client	
Telephone no	
Date completed:	

Referral to Dr Andrew Hanrahan

If a referral is being made to Dr Andrew Hanrahan, Consultant in Rehabilitation please ensure the signature of the GP is obtained.

GP Signature

Date

CLIENT CONSENT

I give permission to be referred to the ABI Forum and that all the information in this application is correct to the best of my knowledge. I also give permission to the release of information on my clinical, educational and occupational history to the ABI Forum or relevant designated ABI Service Provider (i.e. Headway services or Abiireland Services) and to the use of any information attached to aid my referral.

Signed: _____
Client referring

Signed _____
Guardian/next of Kin (if applicable)

Date: _____

In the event that this referral is not appropriate for ABI services, this referral form may be shared with other relevant services to facilitate an onward referral. Do you consent to the sharing of this referral form and any information attached with other services in this instance.

✓ please tick

Yes

No