Queensland Government

Metro North Health

BRAIN INJURY COMMUNITY INTEGRATION SERVICE REFERRAL

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Referrals to be sent to mn-bics@health.qld.gov.au

Referral Details

Date of referral:	
Referrer's name:	Signature:
Designation:	
Address:	
Phone:	Email:
Client consent: ☐ Yes ☐ No ➔ Reason:	
Client consent to access QLD Health Medical Record: ☐ Yes ☐ No	Discharge Summary / Medical Summary attached: ☐ Yes

Client Details

Does the client live alone? ☐ Yes ☐ No	
Gender: ☐ Man ☐ Woman ☐ Non-binary ☐ Other	
Marital Status: ☐ Single ☐ Separated ☐ Widowed ☐ Married/Defacto ☐ Divorced ☐ Unknown	
Address:	
Phone (usual):	Phone (other):
E-mail:	
Aboriginal and/or Torres Strait Islanders: ☐ Yes ☐ No	
Interpreter required: ☐ No ☐ Yes ➔ Language:	
Client Compensable Status: ☐ Work Cover QLD ☐ NIISQ ☐ NDIS ☐ Not eligible ☐ Other ☐ Unknown	
Enduring Power of Attorney: ☐ N/A ☐ No ☐ Yes ➔ Provide relevant details (e.g. has the EPOA been enacted?)	

QCAT Orders:

Application Submitted: ☐ Yes ☐ No Appointed Guardian: ☐ Yes ☐ No Appointed Administrator: ☐ Yes ☐ No

Contact details:

Significant Person:	Next of Kin (if different):
Relationship:	Relationship:
Address:	Address:
Phone:	Phone:
Email:	Email:

GP details:

Name:	Practice
Address	Phone:

Eligibility Information

Is the client:

Aged 16 or above	☐ Yes ☐ No	Residing /temporarily within Metro North HHS	☐ Yes ☐ No
Queensland resident and living in the community	☐ Yes ☐ No	Medically stable	☐ Yes ☐ No

DO NOT WRITE IN THIS BINDING MARGIN
DO NOT REPRODUCE BY PHOTOCOPYING

MR C 3534
V2.00 – 09/2024
Locally printed

00615:03534

BRAIN INJURY COMMUNITY INTEGRATION SERVICE REFERRAL

Queensland Government

Metro North Health

BRAIN INJURY COMMUNITY INTEGRATION SERVICE REFERRAL

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Eligibility Information cont.

Which of the following injury types does the client have a diagnosis of:

- ☐ Traumatic Brain injury (penetrating/non penetrating)
- ☐ Brain Infections and inflammatory process e.g. meningitis, encephalopathy
- ☐ Brain Haemorrhage (subarachnoid, subdural, parenchymal)
- ☐ Hypoxic brain injury
- ☐ Haemorrhagic or ischaemic stroke with complex ABI rehabilitation specific needs
- ☐ Other:

Client must meet the above inclusion criteria to be ineligible for the BICS

Diagnosis/Medical History

Principle Diagnosis:

Acute Care Hospital: Discharge date:

Outpatient/Community Rehabilitation Services: Discharge date:

Additional diagnosis/medical history:

Ongoing medical interventions (e.g. Chemotherapy/Radiation/dialysis)

Risk Screen

(to ensure the safety of BICS staff please complete this Risk Assessment fully and carefully)

- ☐ No risk identified
- ☐ History of aggression or violence
- ☐ Expressing intent to harm others; access to available means
- ☐ History of inappropriate sexual behaviour
- ☐ Animals
- ☐ Weapons
- ☐ History of suicidal ideation (has plan/intent)
- ☐ Current or recent drug and/or alcohol abuse
- ☐ Any information about friends or relatives who may pose a risk
- ☐ Forensic history that may impact on service provision
- ☐ Location/access issues
- ☐ Other:

Comments:

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government

Metro North Health

BRAIN INJURY COMMUNITY INTEGRATION SERVICE REFERRAL

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Reason for Referral/Goals for BICS Program

Medical and/or therapy reports should be included with this referral

Please include:

- Physical Status (mobility, aids, adaptions)
- Cognitive Status (Formal assessments, strategies, supports
- Family supports and social situation
- Behaviour
- Speech and Communication
- Care needs and supports
- Vocation and recreation
- Other agencies involved (NDIS service provider details, NIISQ)

Office Use Only: Eligibility Screening

Date referral received:

Previous client: ☐ Yes ☐ No

Eligible: ☐ Yes ☐ No → Reason

Allocated to: Date: