

Referral Form

Acquired Brain Injury (ABI)

Vision Services

The logo for VISABILITY, with 'VIS' in white and 'ABILITY' in yellow, all in a bold, sans-serif font.

Personal Details		
Surname:	First Name:	
Address:		Post Code:
Phone:	Mobile:	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Email:		

Social/Family Status
Please list family / significant contacts:
Previous Accommodation:
Future Accommodation:
Is an interpreter needed to communicate with the client? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state which language:

Nature of Acquired Brain Injury
Site of Lesion:
Date of Incident:
Vision Status:
Has the client been assessed by an ophthalmologist or optometrist? <i>(If yes, please attach the report)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Please state the name of the specialist:
If the client has had a neuropsychology assessment, please attach a copy

Medical History <i>(Please attach any Medical, Diabetic, Asthma & Epilepsy Action Plans)</i>	
Contra-indications for program:	
General Practitioner's Name:	
Address:	
	Post Code:
Phone:	

Medical Status
Is the client medically stable? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Degree of Motor Impairment				
	Nil	Mild	Severe	Comments
Balance				
Stamina				
Gait (aids)				

Degree of Sensory – Perceptual Impairment				
	Nil	Mild	Severe	Comments
Vision Loss				
Other Sensory Loss				
Visual Processing Problems				
Inattention/Neglect Vision				
Inattention/Neglect Body				
Spatial Orientation				
Ability to Read				

Degree of Cognitive Impairment				
	Nil	Mild	Severe	Comments
Language Receptive				
Language Expressive				
Problem Solving				
Planning				
Initiation				
Attention/Concentration				
Memory				
Insight				
Self-monitoring				
Impulsivity				

Daily Living Skills					
	Independent	Verbal Assistance	Physical Assistance	Total Assistance	Comments
Showering					
Toileting					
Dressing					
Eating					
Cooking					
Making Hot Drinks					
Cleaning					

Rehabilitation Status
Is the client an in-patient <input type="checkbox"/> OR an out-patient <input type="checkbox"/>
Please state approximate discharge date:
What therapies (in or out patient) is the client involved in?
What days and times is the client involved in therapy?
Is the client's rehab program funded by a specific department?
ICWA <input type="checkbox"/> Veterans' Affairs <input type="checkbox"/> Work cover <input type="checkbox"/>
Please provide Claim/Pension Number:
Case Manager's Name:
Where is the client mobilising independently on foot?
Rehab Centre <input type="checkbox"/> Home Local Area <input type="checkbox"/> Shops Public <input type="checkbox"/> Transport <input type="checkbox"/>
What independent mobility and vision goals does the client have?
What is the client's driver's licence status?
Current <input type="checkbox"/> Suspended <input type="checkbox"/> Cancelled <input type="checkbox"/> Not Applicable <input type="checkbox"/>

Referral Contact
Name:
Position:
Agency:
Address:
Telephone: (BH) Mobile:
Signature:
Date:

Independent Living Services

Our Independent Living services help people to develop essential skills to stay confident, healthy and connected to their communities. This includes providing support and assistance to aid in decision-making and self-management. Our services include the following:

Low Vision Centre

Our Low Vision Centre staff can assess your vision and prescribe equipment such as magnifiers and lighting to assist with reading, craft and watching TV.

Acquired Brain Injury Vision Service

The Acquired Brain Injury Vision Service assists people with neurological vision impairment to maximise remaining vision to live safely and independently.

Occupational Therapy

Occupational Therapists can suggest practical ways for you to continue cooking, shopping, using the telephone and writing, or to manage other everyday tasks.

Orientation and Mobility

Our Orientation and Mobility Instructors can support you in maintaining independent and safe travel. This includes using public transport and crossing roads, with the use of mobility aids.

Social Work

The Social Work team works with people whose vision has changed recently or over the longer term. Services include emotional support, counselling, advocacy and connecting with financial and community services. Social Workers can also advise about your entitlements.

Assistive Technology

Our Assistive Technology Consultants assess and recommend suitable equipment, such as video magnifiers and computers, for home and in the workplace. Staff also run iPhone and iPad information groups on a regular basis.

Telelink

The Telelink program links individuals by telephone on a conference call to a set group of people with vision impairment on a regular time and day. Some are education based, with guest speakers and topics, while others are more social in focus.

Group Programs

Group programs are run to provide participants and/or their carers with an understanding of the causes and effects of vision loss; strategies to cope with vision loss and equipment that can help with everyday tasks.

Leisure Program

The Leisure program enables people to learn new skills and provides an opportunity for peer support through participation in creative and sensory activities.

Sport and Recreation Program

Through the Sport and Recreation program, participants increase their health and fitness, physical mobility, wellness, confidence and self esteem.

On 2 Employment

The On 2 Employment program works with motivated candidates who are keen to join the workforce, matching them with potential employers to secure suitable roles.

How to contact us

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