

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
 \_\_\_\_\_

**The TBI Day Program\***

Individualized treatment plans may include: social and behavioral rehabilitation, psychotherapy, occupational therapy, speech-language pathology, cognitive rehabilitation, behavior management, anger management, living skills development, vocational rehabilitation, and community mobility training.

**Individual Outpatient Services**

- Neuropsychological Testing
- Psychotherapy
- Occupational Therapy
- Psychiatric Consultation
- Psychopharmacological Management
- Speech-Language Pathology
- Cognitive Rehabilitation
- Behavior Management Planning
- Academic Development
- Community Access/Mobility Training
- Home OT Assessment
- Behavioral Treatment for Chronic Pain and Sleep Disorders

**Vocational Rehabilitation**

- ◆ Attain Competitive Employment
- ◆ Retain Competitive Employment
- ◆ Sheltered Employment
- ◆ Guided Volunteering
- ◆ Life Skills Village Microbusiness
- ◆ Independently Owned Business

**Pain Self-Management Program**

Developed for individuals who suffer from chronic pain or receive care from pain programs.

Notes: \_\_\_\_\_  
 \_\_\_\_\_

**Patient Authorization: Signature Required**

I, \_\_\_\_\_ (patient) authorize Dr. \_\_\_\_\_ to fax my referral script and share my medical information with Life Skills Village. I also authorize Life Skills Village to contact my case manager or me to schedule my first appointment.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Physician Name:** \_\_\_\_\_

**Circle Patient Symptoms**

Cognitive

- Poor Attention/Focus
- Poor Memory
- Low Motivation
- Cognitive Slowing
- Cognitive Fatigue
- Poor Reading/Comprehension
- Poor Calculation
- Concrete Thinking

Social/Emotional/Behavioral

- Depression
- Anxiety
- Inappropriate Behavior
- Isolated/Withdrawn
- Irritability/Anger
- Mood Cycling
- Poor Judgment
- Unfulfilled Lifestyle
- Loss of Interest in Life
- Poor/No Emotional Control
- Poor Initiation and Motivation

Functional

- Poor ADLs
- Poor Communication Skills
- Poor Living Skills
- Disorganized
- Fiscally Irresponsible
- Lack of Employment/Skills