

Patient Name: _____ DOB: _____
 Email: _____ Phone: _____
 Guardian Name: _____ Phone: _____
 Case Manager: _____ Phone: _____

Diagnosis: _____

The TBI Day Program*

Individualized treatment plans may include: social/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

- | | |
|--|--|
| <input type="checkbox"/> Neuropsychological Assessment | <input type="checkbox"/> Academic Development |
| <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Community Access/Mobility Training |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Home OT Assessment |
| <input type="checkbox"/> Speech-Language Pathology | <input type="checkbox"/> Behavioral Treatment of
Chronic Pain and Sleep Disorders |
| <input type="checkbox"/> Cognitive Rehabilitation | |
| <input type="checkbox"/> Behavior Management Planning | |

Vocational Rehabilitation

- | | |
|---------------------------------|---------------------------------|
| ♦ Attain Competitive Employment | ♦ Volunteer Locally |
| ♦ Retain Competitive Employment | ♦ LSV Microbusiness Development |
| ♦ Sheltered Employment | ♦ 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
(if desired)

Cognitive

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

Social/Emotional

- Depression
- Anxiety
- Inappropriate
- Isolated/Withdrawn
- Irritability/Anger
- Mood Cycling
- Poor Judgment
- Unfulfilled Lifestyle
- Loss of Interest in Life
- Poor/No Emotional Control
- Concrete Thinking

Functional

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