

E1 General information

Date (DD / MM / YYYY):

Title First name(s)

Last name

Claim number

Gender Male Female

Family member or nominated person

Relationship and contact number

Worker date of birth (DD / MM / YYYY):

Worker date of injury (DD / MM / YYYY):

Address

No (unit/street no)

Street

Suburb

State Post code

Email

Postal address As above OR

No (unit/street no)

Street

Suburb

State Postcode

Phone no

icare coordinator

Name

Contact details

Planning facilitator details

Name

Organisation

Phone

Email

Injury

SCI

ASIA Score

If available: ULMS score

TBI

FIM sub-scores (if available):

Self-care

Mobility

Cognition

Amputations

Which limbs are affected?

Burns

FIM sub-scores (if available):

Self-care

Mobility

Cognition

Permanent blindness

Other injury-related medical conditions

e.g. significant orthopaedic/crush injuries, secondary conditions (chronic pain, PTSD, etc)

Rehabilitation facility

Date of admission (DD / MM / YYYY):

Date of discharge or planned discharge (DD / MM / YYYY):

Personal injury claim status

CTP claim

Lifetime Care Application

Other (e.g. private insurance, such as income protection)

Other relevant information

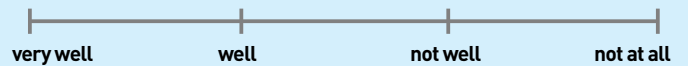
Language

What language do you speak at home?

How well do you **read** in this language?



How well do you **write** in this language?

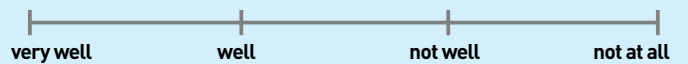


If English is not your first language:

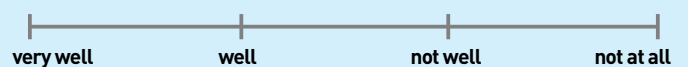
How well do you **speak** English?



How well do you **read** English?



How well do you **write** English?



E2 Your lifestyle BEFORE your injury

Worker name

Claim number

Planning facilitator

Contact no

What type of place were you living in before your injury?

1. Own home
2. Rented home (specify e.g. private rental, through Housing NSW, through a relative or friend)
3. Supported accommodation (e.g. group home, hostel, retirement village)
4. Residential facility (e.g. nursing home)
5. Boarding house
6. Public place/temporary shelter (e.g. public park, bus shelter, refuge, halfway house)
7. Other

In that home, who did you live with, and what is your relationship to them?

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

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Comments e.g. Do you live in more than one place?
Who are you living with at the second place?

Did you receive support from any services in the community before your injury?

1. National Disability Insurance Scheme (NDIS)
2. Family and Community Services
3. Housing NSW
4. Aboriginal Services or Housing
5. Transport subsidy or parking permit
6. Other

Other sources of income

Did you have any previous health concerns or medical conditions before your injury? If so, what were they?

Additional information or comments

Before your injury did you regularly attend a health service, or have therapy, or use support programs? If so, what were they and how often did you go?

Did you take any medications prior to your injury? If so, what were they and what was the dose?

Activities and participation BEFORE your injury

What did you do in your spare time?

What were your hobbies or what were you interested in?

Were you a member of any groups or organisations?

Worker comments

Family comments

Family comments

Were you studying at the time of your injury?

Yes No

If yes, describe what you were studying and where?

What type of work did you undertake before your injury?

Explain the type of work you did and where?

Was your work full or part time, voluntary etc.

1. Employed full time (includes casual)
2. Employed part time (includes casual)
3. Voluntary/unpaid
4. Self-employed
5. Student working

Worker comments

Family comments

What is the highest level of education you have completed?

1. Postgraduate degree
2. Undergraduate degree
3. Vocational qualification
4. Secondary education
5. Other job specific training e.g responsible serving of alcohol (RSA), forklift licences, construction white card, taxi driver's license

Additional and/or planning facilitator comments
(on participation in these major life areas)

Before your injury, did you have any difficulties with day-to-day activities and need any support to do things for yourself?

(e.g. self-care, such as washing, dressing, grooming yourself, eating, taking care of your health; or moving around, such as walking, using stairs, using transport (including public transport))

Family comments

What were the tasks around the house that you needed to do and that were your responsibilities?

(e.g. household tasks, maintaining a car, taking care of a pet, repairing clothes, ironing clothes, helping and assisting someone else at home with their care (unpaid))

Family comments

Can you tell me a bit about your relationship with your family?

e.g. Did you get along, see or do things together or you don't spend much time together?

Can you tell me a bit about your friends? e.g. Do you find you get along with people and make friends easily, do you have close friends or friends you have known for a long time?

Family comments

Did you need support to learn, solve problems, make decisions or handle stress? If so, what support did you need?

(e.g. support with planning your day, learning new tasks such as driving a car, solving problems or finding solutions)

Family comments

Did you have any difficulties with using and managing your money? If so, what were they? (e.g. shopping, banking, budgeting)

Family comments

Did you drive?

Yes No

Additional and/or Facilitator comments

Licence type

Do you have a vehicle or access to one?

What other forms of transport did you use? (e.g. public transport, walking)

Family comments:

Before your injury, did you use any special aids or equipment?

(e.g. walking aid, special back support)

What did you use them for?

Have you had any special changes made to your home because of difficulties you were having (home modifications) BEFORE your injury like a ramp, or a rail in the shower?

Family comments:

E3 Supports BEFORE your injury

Worker name

Claim number

Planning facilitator

Contact no:

Formal supports

Before your injury, did you have any paid domestic support or someone who was paid to do a job for you or help you? If so, what type of support?

(e.g. gardener, cleaner, babysitter, home handy person)

Informal supports

Did you have support from a person who did a task for you but you did not pay? If so, what type of support?

(e.g. your mother did the babysitting, your neighbour collected your mail and dropped it at your door, you travelled to work in a friend's or colleague's car, your adult daughter took you to do the grocery shopping, you shared transport to sport with other parents of children in your child's football team)

Is there any other personal information that you would like to tell us which we need to be aware of, that may affect your support needs or preferences? If so, please specify.

(e.g. your faith or religious affiliations means you follow a particular diet and so anyone cooking a meal for you needs to be able to cook that way, or your cultural identity means you would only like a support person of a particular gender)

What is the most important thing to you at the moment?

What are your main concerns right now?

Other relevant information