

# Functional Cognitive Assessment Referral Form

## Referring Case Manager Information

Name	
Title	
Email	
Phone	
Fax	

## Client Demographics

Name		Pronouns	
DOB		Phone Number	
Gender		Email Address	
Ethnicity		Home Address	

**Please complete the checklist before submitting the referral**

\*\*The following supporting documents should be sent to: [information@kintinutelerehab.com](mailto:information@kintinutelerehab.com) with cc to Michelle Davidson at [michelle.davidson@kintinutelerehab.com](mailto:michelle.davidson@kintinutelerehab.com).\*\*

VR Authorization Form

Signed Release Form

VR ABI Interview Form

Vocational Assessment Results

Re-releasable medical/other records

Referral Form (see below)

## Information for Evaluation

Describe when the client is available to complete the evaluation process.

What specific questions should the evaluation address regarding the diagnosis? How does the diagnosis affect the client's ability to work effectively or live independently? Are there any additional expectations for the evaluation?

What are the main concerns for the client, and how have these concerns affected their ability to function effectively at work?

## Medical History

### Development

Complications with pregnancy or delivery (including any substance use)?

If yes, describe:

Did the individual meet developmental milestones within expected timeframes, such as walking, talking, and toilet training?

If no, describe:

## Medical Conditions

List any medical conditions, along with their respective diagnosis dates and the treatments received for each condition.

Has the client ever experienced or received treatment for any of the following?

- Seizures
- Hospitalizations
- Serious injuries/infections
- Head injuries

If yes, describe:

Has the client undergone any rehabilitation, such as SLP, PT or OT?

If yes, provide the reason for rehabilitation, the duration of treatment, and the resulting outcome.

### **Current Daily Habits/Functioning**

Pain complaints?

If so, describe:

Describe current sleep (e.g., amount of sleep, difficulty falling or staying asleep):

Describe current appetite (e.g., number of meals per day, type of nutrition):

Describe what the client does for exercise:

Substance use (current and past)?

If yes, list type of substance(s), frequency, amount, and length of use:

Current prescriptions (List name, frequency, reason, when the medication was started, and outcome):

### **Educational History**

Highest year of education:

Average grades in school:

Describe any secondary education, including the name of the institution, the year(s) attended, and whether a degree was obtained.

History of learning disabilities, developmental disabilities, or attention-deficit/hyperactivity disorder (ADHD)?

If yes, describe:

### **Employment History**

Currently working?

If yes, where?

Currently volunteering?

If yes, where?

List ideal goals for work:

List any anticipated accommodations:

Provide details regarding past employment (line of work, position, and reason for leaving):

List length of longest employment and where:

History of termination(s)?

If yes, describe reason for termination(s):

Currently receiving benefits/resources from government?

If yes, describe:

Income sufficient for needs?

If no, describe:

### **Psychiatric History**

History of psychiatric diagnoses (depression, anxiety, bipolar disorder, etc.)?

If yes, list diagnoses and approximate date diagnosed:

History of medication for mood/anxiety?

If yes, list reason(s) for medication, length of treatment, and outcome (this section is intended to document history of medications, rather than ongoing medication):

History of counseling/outpatient treatment?

If yes, list when, reason(s) for treatment, length of treatment, and outcome:

History of inpatient treatment (e.g., psychiatric, substance abuse)?

If yes, list when, reason(s) for treatment, length of treatment, and outcome:

### **Social History**

History of homelessness?

Number of people living in household and relationship to the client. In addition, describe the quality of the relationships in the household:

Describe the client's support system (family outside of the home, friends, community members):

Is there any cultural or religious influence that the client would like to discuss or share?

### **Legal History**

History of current or past legal involvement/offenses?

If yes, describe: