

Kristine Datuin (South Western Sydney LHD)

From: Kristine Datuin (South Western Sydney LHD) <Kristine.Datuin@health.nsw.gov.au>
Sent: Tuesday, 25 August 2020 11:55 AM
To: Kristine Datuin (South Western Sydney LHD)
Cc: Kristine Datuin (South Western Sydney LHD)
Subject:
Attachments: Dimple quote for OT and PT.PDF; OTS AAASCharges Sept 2020.pdf; 22004821.pdf

-----Original Message-----

From: Kristine Datuin (South Western Sydney LHD) [mailto:Kristine.Datuin@health.nsw.gov.au]
Sent: February 25, 2020 1:46 PM
To:
Subject:

Dea

We have provided a new manual temporary wheelchair for [redacted] today. We're hoping that we can get an electric wheelchair for him. Family informed and happy with the plan.

Can I send a service purchase request for an OT assessment with All stages All ages totalling = \$845 (Assessment + Equipment prescription). No follow up required.

And a service purchase for PT assessment with Dimple Care =\$198

I have attached quotes and offshore reports. [redacted] just saw a neurologist yesterday so we do not have any other evidence.

Thank you,
Kristine Datuin

Registered nurse NSW Refugee Health Service
P: 9794 0770 | F: 9794 0790 |
Level 3, 157-161 George St Liverpool
(Mon-Wed)
Kristine.Datuin@health.nsw.gov.au





Released by the NDIA on _____/_____/_____
By _____
NDIA Office: _____

Access Request Form

Complete this form to request to become a participant in the National Disability Insurance Scheme (NDIS). You must provide proof of age, residence (including citizenship or visa status) and disability (or your need for early intervention supports) with this Access Request Form. We cannot make a decision on your access request without this information.

If you have questions about this form, need help to complete it or would like more information about the NDIS, please contact us:

Phone: 1800 800 110 | TTY: 1800 555 677 | **Speak and Listen:** 1800 555 727

Internet Relay: Visit <http://relayservice.gov.au> and ask for 1800 800 110 | Email: NAT@ndis.gov.au

Part A: Your details (the person wishing to become an NDIS participant)

Full name	
Date of birth (DD/MM/YYYY)	
Gender	
Are you of Aboriginal or Torres Strait Islander origin?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander <input type="checkbox"/> Yes – Aboriginal and Torres Strait Islander <input type="checkbox"/> Do not wish to disclose
Country of birth	Iraq
Language spoken at home	Arabic
Are you living in Australia permanently?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Current home address	
Postal address	<input type="checkbox"/> As above <i>If different to current home address:</i> NSW Refugee Health Service PO BOX 144 Liverpool BC 1871 State: NSW Postcode: 1871
For Western Australia or Northern Territory only: What was your home address on 1 July 2014?	<input type="checkbox"/> Same as current home address above <i>If different:</i> State: Postcode:

Are you an Australian Citizen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If NO, what type of visa do you have?	<input checked="" type="checkbox"/> Permanent visa <input type="checkbox"/> Protected special category visa. <input type="checkbox"/> Other including temporary visa (<i>please specify below</i>)
	Visa Type: <u>Humanitarian 200</u> Nationality: _____ Passport Number: _____

Part B: Your privacy and consent to collect and share your information

The National Disability Insurance Agency (NDIA) collects personal information to help us determine whether you can access the NDIS. As a participant, the NDIA will also collect and use your information to help develop and implement your NDIS Plan and do other things related to the NDIS.

In addition to collecting certain information from you, we may contact your service providers, health and medical practitioners and other government agencies to request the provision of personal and health information about you which will help us to determine whether you meet the access requirements for the NDIS and, if so, to provide supports to you under the NDIS.

If you live in Shared Supported Accommodation, (e.g. a home shared with other people with disabilities that includes shared support from paid staff), we may also disclose your personal information to personnel employed within the group home to enable the Agency to collect further personal information about you in order to support the development of your NDIS plan if you become a participant.

Please note that if you do not consent to the collection of your personal information, the NDIA may not be in a position to determine whether you meet the access requirements for the NDIS or develop your NDIS Plan if you become a participant. More information about the collection, use, disclosure and storage of your personal information by the NDIA can be accessed on our online Privacy Notice and Privacy Policy at www.ndis.gov.au/privacy or by contacting the NDIA.

Do you consent to the NDIA collecting your information including from these third parties, for the purposes of determining whether you meet the access requirements for the NDIS and to help develop or implement your NDIS Plan if you become a participant.	<input checked="" type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent.
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You can give us **consent to obtain information about your age, disability, and residence from Centrelink** (below) or you can provide us with certified copies of the required documents yourself. **We cannot make a decision without this information.**

The Australian Government Department of Human Services (including Centrelink and Medicare)	<input checked="" type="checkbox"/> Yes, I consent My CRN is: _____	<input type="checkbox"/> No, I do not consent. I will provide the information myself.
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Part C: How would you like NDIA to contact you?

<input type="checkbox"/> Home phone	TTY:
<input type="checkbox"/> Mobile phone	
<input type="checkbox"/> Email	
How would you like to receive letters?	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Post
Do you need an interpreter to help us talk with you?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Language: <u>Arabic</u>
<input checked="" type="checkbox"/> Do not contact me directly	<input type="checkbox"/> Contact my parent/legal guardian or representative (Part D) <input checked="" type="checkbox"/> Other (please specify): Mark Mahoney or Kristine Datuin at The NSW Refugee Health Service (NSW Health) on 87780770. Suite 1 Level 3, 157-161 George Street Liverpool, 2170 NSW

Part D: Parent, legal guardian or representative details (if applicable)

Complete this section if you are filling out this form for:

- a person aged under 18 for whom you have parental responsibility, OR
- a person for whom you are a representative or a legal guardian

You do not need to complete this section if you are just helping the person fill out this form.

Full name	Kristine Datuin (Registered Nurse)	
Relationship to person making request:		
Advocate & support person NSW Refugee Health Disability Team		
<p>NOTE: If you are a legally appointed guardian you will need to provide your Proof of Identity (POI) and guardianship status to the NDIA. This information can be verified through the Australian Department of Human Services (Centrelink) using the CRN provided on page 2 (if applicable) or you can provide copies of two POI documents (or a 'Government issued photo card') and the guardianship document with this form.</p>		
Phone	02 87780770	TTY:
How would you like to receive letters?		
<input type="checkbox"/> Email		
<input checked="" type="checkbox"/> Post	<input checked="" type="checkbox"/> Same as person making request <i>If different:</i> NSW Refugee Health Service PO BOX 144 Liverpool BC 1871 State: NSW Postcode: 1871	
Do you need an interpreter?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Language: _____	

Part E: Information about your carers and family members (if applicable)

My Carer's full name:	_____
Contact phone number:	_____
Will your carer be taking part in the planning conversation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have another family member who is, or is seeking to become a NDIS participant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes please provide their name: _____

Part F: Your disability, or need for early intervention supports

So we can determine whether you (or your child) meet the disability or early intervention access requirements (including developmental delay), you need to provide us with information about your disability or impairment.

Primary disability: (This is the disability that has the most impact on your daily life)	Physical Disability-CVA
Please list other disabilities (if any):	
Did you acquire your disability because of an injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you seeking, or have you previously sought compensation related to your disability or injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you have undertaken one or more of the following assessments or reports in relation to your disability, please provide a copy with your Access Request Form:

- The Care and Needs Scale (CANS)
- Vineland Adaptive Behaviour Scales, 2nd Ed (Vineland-II)
- Diagnostic and Statistical Manual of Mental Disorders, 5th Ed (DSM-5) – Autism Spectrum Disorder
- Diagnostic and Statistical Manual of Mental Disorders, 4th Ed (DSM-4) – Autism Spectrum Disorder
- Childhood Autism Rating Scale (CARS)
- Adaptive Behaviour Assessment System (ABAS)
- Autism Diagnostic Observation Schedule (ADOS)
- Gross Motor Functional Classification Scale (GMFCS)
- Communication Function Classification Score (CFCS)
- Manual Ability Classification System (MACS)
- Diagnostic and Statistical Manual of Mental Disorders, 5th Ed (DSM-5) –Intellectual Disability
- Diagnostic and Statistical Manual of Mental Disorders, 4th Ed (DSM-4) –Intellectual Disability
- Clinical Evaluation of Language Fundamentals, 4th Ed
- Wechsler Preschool and Primary Scale of Intelligence, 3rd Ed (WPPSI-III)
- Wechsler Intelligence Scale for Children (WISC-IV)
- IQ test
- Hearing Loss (Measured in decibels in better ear)
- Disease Steps
- Expanded Disability Status Scale
- Level of lesion
- ASIA Score
- Modified Rankin Scale
- Visual acuity level
- Visual field loss (horizontal and vertical)
- World Health Organisation Disability Assessment Schedule (WHODAS 2.0)
- Other

We need supporting information about your disability and the impact it has on your mobility, communication, social interaction, learning, self-care and/or ability to self-manage.

You can do this by:

Providing us with copies of reports, letters or assessments from your health or education professional detailing your (or your child's) impairment and the impact it has on daily life

OR

By asking a professional to complete the table below:

Full name of professional (health or education)			
Professional Qualification			
Phone		Email	
Length of time you have known or treated the person making request?			
Primary disability and any secondary disabilities:			
Current treatment (if any):			
Is there any other treatment that is likely to remedy the impairment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Mobility/motor skills Moving around the home (crawling/walking), getting in or out of bed or a chair, leaving the home and moving about in the community Assistance required does not include commonly used items such as glasses, walking sticks, non-slip bath mats, bathroom grab rails and hand rails installed at stairs			
Does the person require assistance to be mobile because of their disability?		<input type="checkbox"/> No , does not need assistance <input type="checkbox"/> Yes , needs special equipment <input type="checkbox"/> Yes , needs assistive technology <input type="checkbox"/> Yes , needs assistance from other persons: (physical assistance, guidance, supervision or prompting)	
If yes, please describe the type of assistance required:			

2. Communication

Being understood in spoken, written or sign language, understanding others and express needs and wants by gesture, speech or context appropriate for age

Does the person require assistance to communicate effectively because of their disability?

- No**, does not need assistance
- Yes**, needs special equipment
- Yes**, needs assistive technology
- Yes**, needs assistance from other persons:
(physical assistance, guidance, supervision or prompting)

If **yes**, please describe the type of assistance required:

3. Social interaction

Making and keeping friends, interacting with the community (or playing with other children), coping with feelings and emotions

Does the person require assistance to interact socially because of their disability?

- No**, does not need assistance
- Yes**, needs special equipment
- Yes**, needs assistive technology
- Yes**, needs assistance from other persons:
(physical assistance, guidance, supervision or prompting)

If **yes**, please describe the type of social interaction assistance required:

4. Learning

Understanding and remembering information, learning new things, practising and using new skills

Does the person require assistance to learn effectively because of their disability?

- No**, does not need assistance
- Yes**, needs special equipment
- Yes**, needs assistive technology
- Yes**, needs assistance from other persons:
(physical assistance, guidance, supervision or prompting)

If **yes**, please describe the type of assistance required:

5. Self-Care Showering/ bathing, dressing, eating toileting, caring for own health (not applicable for children under two years of age) Assistance required does not include commonly used items such as non-slip bath mats, bathroom grab rails and hand rails installed at stairs	
Does the person require assistance with self-care because of their disability?	<input type="checkbox"/> No , do not need assistance <input type="checkbox"/> Yes , need equipment/ assistive technology <input type="checkbox"/> Yes , need assistance from another person in the areas of: <input type="checkbox"/> showering/bathing <input type="checkbox"/> toileting <input type="checkbox"/> eating/drinking <input type="checkbox"/> dressing <input type="checkbox"/> overnight care (e.g. turning)
If yes , please describe the type of assistance required:	
6. Self-Management Doing daily jobs, making decisions and handling problems and money (not applicable for children under 8 years of age)	
Does the person require assistance with self-management because of their disability?	<input type="checkbox"/> No , does not need assistance <input type="checkbox"/> Yes , needs special equipment <input type="checkbox"/> Yes , needs assistive technology <input type="checkbox"/> Yes , needs assistance from other persons: (physical assistance, guidance, supervision or prompting)
If yes , please describe the type of assistance required:	
Signature of Professional	Date ____ / ____ /20 ____

Part G: Change of circumstances

The law requires you to tell the NDIA if a change of circumstances happens (or is likely to happen) that might affect your request to be a participant in the NDIS or, if you become a participant, that might affect your status as a participant or your NDIS Plan.

For example, you must tell us if your disability support needs change, you move house or overseas, or receive compensation relating to an injury.

You must tell us as soon as you reasonably can. You can do this in person, over the telephone or by letter, email or fax.

Part H: Signature

When I sign this Access Request Form:

- I certify that the information I have provided is true and correct and that I have given all of the information and documents that I have or can get that are required by this Access Request Form
- I understand that giving false or misleading information is a serious offence.
- I understand that I am giving consent for the NDIA to do the things with my information set out in Part B and with the people I have indicated in Part D. I understand that I can withdraw my consent for the NDIA to do things with my information at any time by letting the NDIA know.
- I understand that I can access the NDIA's Privacy Notice and Privacy Policy on the NDIA website or by contacting the NDIA.
- I understand that if I have selected email under Part C as my preferred means of communication, that the NDIA may email me sensitive or confidential information. I understand that the NDIA cannot guarantee the security of the email once it leaves the NDIA system.
- I understand that my access to the following Commonwealth programs will cease (if applicable) if I become a participant in the NDIS:
 - Helping Children with Autism and Better Start
 - Mobility Allowance

Signature: _____ Date: _____

Full Name (please print) _____

If you have signed this Access Request Form on behalf of the person wishing to become an NDIS participant please complete the details below. It is an offence to provide false or misleading information.

Full name of person completing this form (please print): Kristine Datuin

Relationship to person wishing to become an NDIS participant: Registered Nurse

We may require you to provide evidence of your authority to sign on behalf of the person.

Please return the completed form to:

Mail: GPO Box 700, Canberra, ACT 2601

Email: NAT@ndis.gov.au or

In person: take it to your local NDIA office

Concerns, reason for referral

- CVA 21/9/2014
 - o Developed shivering, unable to talk, urinary incontinent, loss of function of right upper and lower limb. Presented to ED. Was told he had a stroke.
Had CT scan.
Wife arranged a physiotherapist.
Wife feels right lower limb improved with physiotherapy.
Left side unaffected.
 - o Broca's aphasia
 - o Appears to be understanding, however may appear confused about it later- would stare and not understand.
Short term memory affected.
May appear confused even during consultation
 - o No choking on food or water.
 - o Right handed
 - o Neurologist D Ibrahim Hanna reviewed yesterday
Arranging carotid doppler and bloods (inc ANA, Cardiolipin Ab, lupus anticoagulant)
 - o Cardiologist review Dr
10th February
Arranged for ECHO. Still to be done.
 - o Physiotherapist this Thursday

B/G

- Epilepsy 2015 1 year after CVA
"Rigid and rolling on floor with tremors". Would last for >30 mins.
Last seizure 2017
- Hypertension- poorly controlled prior to CVA.
Was then threatened by a terrorist and stressed and CVA soon followed.
- Chronic kidney disease found on pre medical assessment

Regular medications from HAP report:

- Candesartan HCT (Candesartan cilexetil – Hydrochlorothiazide) 16/12.5
- Clopidogrel 75mg
- Atorvastatin 20mg
- Carbamazepine 400mg daily

History

- No history of severe illness
- Vision – no concerns

PS 1/4

- Self care
 - o Urge urinary incontinence, unable to get to the toilet on time.
Occasionally faecal incontinence.
 - o Constipation- once daily or once every 2 days
 - o Can write now, couldn't initially after stroke until 2020.
 - o Needs assistance with dressing self
Needs assistance with showering
 - o Drink from cup independently
Uses spoon independently
- Mobility
 - o Needs electric wheelchair
- Communication
 - o Hearing good
 - o No speech.
- Social
 - o If had a wheelchair and had to cross the road, wife does not feel he would do it safely.
 - o If there was a fire, wouldn't know what to do. Will scream. Doesn't feel he would call because cannot speak. Unsure whether he would leave if has electric wheelchair because doesn't have electric wheelchair.
 - o Feels he doesn't understand everything
- Appetite- good
- Sleep- good
- Mental health- feels angry and difficult to talk to him. Cries. Interested in counselling.
- Non smoker, ex smoker- smoking 4-5/day prior to CVA.
- EtOH- only socially with visitors.
Small glass of whisky
- Bowel cancer screening discussed

NKDA

Fx

- HT in family

Sx

- Lives with wife, brother in law, son, daughter.
Has 4 daughters and 1 son. Other 3 daughters are married.
- Main carer is wife and son

On examination

- Obs
BP 158/92 (did not take medications this morning because had to leave house early)
PR 58 reg
- Good eye contact
- Visual acuity

Both eyes 6/9

Left eye 6/9

Right eye 6/18

- ENT: R+L ear wax +++
- Oral exam- several teeth missing, widespread decay
- HSD- soft systolic murmur
- Chest clear, soft breath sounds
- Abdo SNT, no masses felt
- In wheelchair
- Attempted RUDAS- difficult identifying household good including cooking oil.
- Neuro exam
 - o Visual acuity
 - o Cranial nerves III IV and VI unable to complete
 - o Cranial nerves XII good
 - o Cranial nerve V, VI, XII, XI all intact
 - o R upper limb no sensation
 - o R upper limb Hypertonic
 - o L upper limb normal sensation
 - o L upper limb normal tone
 - o Reflexes of upper limb intact R+L
 - o R lower limb no sensation
 - o R lower limb hypertonic
 - o L lower limb normal tone
 - o L lower limb no sensation
 - o Shoulder abduction power 0/5 R+ 5/5 L
 - o Shoulder adduction power 0/5 R+ 5/5 L
 - o Elbow flexion power 0/5 R+ 5/5 L
 - o Elbow extension power 0/5 R+ 5/5 L
 - o Wrist flexion power 0/5 R+ 5/5 L
 - o Wrist extension power 0/5 R+ 5/5 L
 - o Finger abduction power 0/5 R+ 5/5 L
 - o Finger adduction power 0/5 R+ 5/5 L
 - o Finger flexion power 0/5 R+ 5/5 L
 - o Finger extension power 0/5 R+ 5/5 L
 - o Hip flexion power 5/5 R+L
 - o Hip extension power 0/5 R+ 5/5 L
 - o Knee flexion power 0/5 R+ 5/5 L
 - o Knee extension power 0/5 R+ 5/5 L
 - o Ankle dorsiflexion power 0/5 R+ 5/5 L
 - o Ankle plantar flexion power 0/5 R+ 5/5 L
 - o Ankle inversion 0/5 R + 5/5L
 - o Left ankle eversion unable to perform-as not following instruction
 - o R Babinski upgoing
 - o L Babinski downgoing
 - o Transfer from wheelchair until bed independently.

Ix

- Bloods (30/1/20)
 - o FBC, ESR, LFT, CMP, fasting glucose, lipids, iron studies, PSA, TSH, vit B12, folate largely unremarkable.
 - o EUC- eGFR 51
 - o Vit D 40

P 3/4

Plan

- Counselling
- OT assessment
- Physiotherapy
- Optometry review
- Psychometric testing?
To check with Mary
- Dental review
- Hep C, Hep B, strongyloides serology



NSW Refugee Health Service

NSW HEALTH

25/02/2020

Dear GP,

I am a general practitioner that works in the disability clinic at the NSW Refugee Health Service. The purpose of this clinic is to review the patient in a single visit to assist with their NDIS application. As you are aware, Fouad suffered a cerebrovascular accident in 2014 causing right sided hemiplegia and broca's aphasia.

This is a summary of what we have arranged:

- Counselling
- Occupational therapy assessment
- Physiotherapy
- Optometry review
- Dental review
- Hep C, Hep B, strongyloides serology

We have not booked him to see us again, but are happy to see him if the need arises. If we can be of assistance to you in any aspect of his care, please contact us. We will forward any correspondence we receive to you and send you any updates we receive.

If you require further information, you can contact myself or Kristine Datuin (RN) at this service on 9794 0770.

Yours Sincerely,

Head Office
Suite 5, Level 2
157-161 George Street
Liverpool NSW 2170

General correspondence
Email : refugeehealth@sswahs.nsw.gov.au
Website : www.refugeehealth.org.au

Postal Address
P O Box 144
Liverpool BC NSW 1871
Tel : 61 2 8778 0770 Fax : 61 2 8778 0790

FILED



OCCUPATIONAL THERAPY HOME AND FUNCTIONAL ASSESSMENT REPORT

PERSONAL DETAILS:

Name:

Address:

Date of Birth:

Name of Therapist:

Date of Report:

Telephone Number:

Email:

REFERRAL AND BACKGROUND:

For assessment and review of home environment for [redacted] Including review of his safety in his current living environment in view of making recommendations for equipment and other areas of support required.

MEDICAL HISTORY:

[redacted] with a medical history Major Stroke (CVA) in 2014 while he still lived in Iraq, this has significantly affected his right side. He is also diagnosed with hypertension and arthritis. Cognitively, the family report that he was a typically developing and had no observable deficient, however post his CVA is nonverbal, but family report he understands and follows all instructions and demands he is physically capable of completing. [redacted] is unstable on his feet and has multiple falls each week.

SOCIAL HISTORY:

[redacted] is a married man who lives with his wife [redacted] and his 2 children (20-year-old son and 17-year-old daughter). [redacted] and his wife also have three other daughters, one who lives close by in Fairfield, and two others living in Canada and Iraq. The family arrived in Australia less than 5 months ago. The family have some limited relatives and extended family who live close by; however, they are unable to assist with their needs. [redacted] wife and Son are his primary carers and provide him with all assistance as required. He has no additional services or assistance from outside services.

[redacted] is on disability pension and has no additional financial supplements or additional financial resources or assets. [redacted] family provides him with assistance in all areas of daily living. He has no English-speaking skills and relies on his family for assistance in communication and expressing his needs inside and outside the home.

HOME ENVIRONMENT:

The family have lived in this home since arriving to Australia and pay \$490 in rent each week.

Type: 1 story, small 3 bedroom, privately rented granny flat.

Front Access: Access into home via 1 step over sliding door threshold, with no rail.

Internally: flat throughout, polished concrete floor in main living areas and tiles bathroom. Limited space throughout for equipment, wheelchair stored outside.

Bedroom: sleeps on the bottom level of a double bunk in a bedroom.

Toilet: over toilet aid in use, toilet is in same room as shower and laundry, limited space. Nil rails.

Bathroom: Shower recess with glass screen, track of glass screen is hob, nil rails, handheld shower hose, and shower chair. Multiple falls in this limited space.

This home is not ideal for the care and support of [redacted] the family have been looking and are unable to find more suitable accommodation which they could afford. Housing NSW accommodation is recommended to assist finding more suitable housing with level access, wide door, open plan, accessible bathroom home (minimum of three bedrooms)

CURRENT FUNCTIONAL STATUS:

Mobility: [redacted] is dependent with assistance of one in mobility around his home and in the community. He has minimal ability to mobilise independently and uses a walking stick, walls and furniture for support. His access to the local community is difficult and therefore limited due to his poor strength, balance, endurance and poor confidence. [redacted] is a high risk of developing a pressure injury due to poor environmental set up, poor strength to move independently, coupled with lack of equipment. He uses a power scooter, manoeuvred by his family to access the community. They report that it is heavy, and they struggle to manage using it. [redacted] also has access to a manual wheelchair that they use when required.

Transfers: Bed: [redacted] is independent to transfer on and off his bed. He was observed to use excessive effort and fatigues quickly when completing the task.

Toilet: [redacted] is independent to transfer on/off a toilet, his wife and son assist him to maintain hygiene. Mostly [redacted] continent, however, does depend on the family to maintain this. Toileting takes excessive time and effort to complete, and a huge physical burden on his family. Concerns arise when the son and wife are not available, and their daughter tries to assist. There is a significant falls and injury risk to both.

Chair: [redacted] is independent to sit to stand from a lounge, dinner and all seated surfaces. He requires excessive effort and energy to complete the task and at times moderate physical assistance to complete this task. A suitable recliner chair is required to provide him with pressure relieving positions.

Shower: [redacted] is dependent in showering, he sits on a shower chair, and he requires maximal assistance from his carer in washing, drying and dressing.

Feeding: [redacted] is dependent in feeding, family report she often coughs when eating and drinking. He is able to eat sandwiches independently.

Medications: [redacted] takes regular medications which his wife and son manages and gives him as is due.

Productivity: [redacted] is dependent on his family in all areas of daily living including cooking, cleaning, laundry and shopping.

Communication: [redacted] is nonverbal and communicates primarily through gestures and facial expression. He is unable to read or write in any language.

RECOMMENDATIONS:

[redacted] current living arrangements and supports are not suitable for him. OT assessed that he would benefit from equipment to assist him and his family to care for him safely and possibly become more independent and reduce effort and the burden of care on the family.

Items required include:

1. Ongoing Occupational therapy support via NDIS to assist with equipment prescription and carer education (minimum of \$7759.60 (40 hours) to complete all equipment prescription).
2. Relocation to suitable Housing NSW accommodation which has level access, tiled, wide doors and open plan bathroom and wheelchair accessible toilet is required.
3. Hospital Bed and mattress. Application made to EnableNSW for these item
4. Bedside commode. Application made to EnableNSW for this item
5. Physiotherapy support through NDIS to assist develop some strength, balance and weight bearing endurance for transfers and bed mobility.
6. Speech pathology support via NDIS to assess and assist with communication, feeding and swallowing

Further to this his current scooter needs to have the control stick relocated to left side to allow him to manoeuvre the chair independently.

The family of [redacted] are incredibly supportive, however they are not educated in safe manual handling and caring for a person with significant physical disability. They require education and training on suitable use of the equipment prescribed. Additional carers are also required, as the stress and pressure of the level of care [redacted] requires is not sustainable long term for the family, some respite is needed from time to time.

Thank you for the referral and the opportunity to assist this lady and her family. If you have any questions regarding this report and recommendations, please do not hesitate to call or email on [redacted]

Kind Regards

Physiotherapy Assessment

Client History	
Name: Address: DOB:	
Medical Hx	Disability/diagnosis: 1. Ischemic CVA 2014 with residual Broca's aphasia, Right sided hemiplegia, remaining right spasticity upper more prominent than lower extremity. Can sit in upright position. Needs x 1 assist for mobility and ADL's. Can walk 2 – 3 steps with walking stick or 1 person. Requires wheelchair for outings. 2. Hypertension 20 years – previously untreated. 3. CKD 4. Epilepsy -2015, history of Grand Mal seizures, Last seizure 6 months ago.
Social Hx	Client lives with wife and 2 children in SSH
Exercise Hx / Limitations	Since CVA can only mobilise short distances Limited by Rt sided paralysis

Risk Factor Checklist		Y/N
Vision	Reports or observed: wears glasses/ reading	Y
Mobility	Unsafe / Impulsive or forgets gait aids	Mobilize, T/F with 2A or 1A with w/s - unsafe
Transfers	Unsafe / impulsive / over-reaches	Mobilize, T/F with 2A or 1A with w/s - unsafe
Behaviours	Psychological diagnosis / agitation / aggression / confusion / disorientation / non-compliant	Y – hard time following instructions
Instruction	Can follow directives / instructions well	N - hard time following instructions
ADL's	Risky behaviour / unsafe equipment / inappropriate clothing or footwear	Slippers indoors
Nutrition	Underweight / recent unexplained weight loss / low appetite	N
Continence	Incontinent (single / double) occasional urinary	Y
Falls	Patterns: 2 days ago, slipped in the shower, resulted in bruises, nil major injuries. Wife reports 2 or 3 falls in the past year all indoors while walking nil major injuries	Y
Falls Risk Assessment Tool (FRAT)		

Risks	Level	Score
Recent Fall(s)	None in 12 months	2
	1+ in 1-12 months ago	4
	1+ in the last 3 months	6
	1+ in last 3 months (whilst an inpatient / resident)	8
Medications	(Sedatives, Anti-depressants, Anti-Parkinson's, Diuretics, Anti-Hypertensive, Hypnotics)	
	Does not have any of these	1
	Mildly affected by 1 or more	2
	Moderately affected by one or more	3
Psychological	(Anxiety, Depression, Decreased Co-operation, Decreased insight / judgment esp. with mobility)	
	Does not have any of these	1
	Is mildly affected by one or more	2
	Is moderately affected by one or more	3
Cognition	Intact	1
	Mildly impaired	2
	Moderately Impaired Reports LTM issues	3
	Severely Impaired	4
RISK SCORE	(Low Risk: 5-11 Mod Risk: 12-15 High Risk: 16-20)	13/20

Falls Risk: **High** **Medium** Low

Explain: Scored medium however I will score him high. Due to his Rt sided paralysis client is not safe to mobilise, however he is mobilising indoors with 2 assistance or 1 assistance + w/s I recommend Transfers only with 2 assistance. Wheelchair for mobility. Hx of falls plus decreased cognition.

Functional Assessment	
ROM/Strength	<p>Rt UL nil AROM, arms is resting in elbow flexion plus finger flexion //mild finger flexion contracture PROM shoulder ~90deg elbow close to full ROM, fingers limited extension.</p> <p>Lt UL functional ROM MMT 4-/5 Generally</p> <p>Rt LL Minimal AROM can only initiate hip flex, knee ext. movement, PROM limited generally due to muscle/joint rigidity. MMT 1/5 Rest of Rt LL nil muscle activity</p> <p>Angle stuck in neutral position // foot very rigid Nil AROM and PROM</p> <p>Lt LL functional ROM Generally MMT 3+/5</p> <p>Needs beck support for comfortable sitting</p> <p>// Client has Rt sided hemiplegia + spasticity UL > LL Rt side not functional</p> <p>Since CVA. Plus, cognitive impairment, he was significantly confused during Ax had difficulty following instructions</p>
Sensation	
Mobility Ax	<p>Bed: 2 assistance</p> <p>STS: 2 heavy Assistance, he is not able to stand without holding on</p>

	<p>T/F: 2 assistance can only manage 2-3 steps, very unsteady.</p> <p>Gait: Attempted to mobilise with 2 assistance, dragging his Rt leg from the hip, very unsteady high falls risk, not safe to mobilise.</p> <p><u>// I recommend 2 assistance for transfers only 2-3 steps. Wheelchair with 1 person pushing recommended for mobility.</u></p> <p>**Wife and son reported that they find physically straining helping client transfer. I have offered <u>Stand up lifter</u> as a possible transfer option.</p> <p>*I think stand up lifter can be suitable option provided his Rt leg is stabilised with the belt and Rt arm is stabilised on the handle with 1 assistance during transfers. Stand up lifter always needs to be used with 2 assistance, 1-person stabilising Rt side the other person operating controls.</p> <p><u>In order to ensure safe transfers, once stand up lifter arrives client needs to be assessed before use. I am available to assess and instruct family on correct use of the lifter, family agreed.</u></p>
Other i.e. Orthoses	

Outcome Test Measures		Bartell Scale	
Timed Up and Go (TUG)	Cannot perform safely	Ambulation	0/15
FTSTS	53.56sec // heavy 2 assistance	Transfers	3/15
Balance test	Not able to stand unsupported	Stairs	N/A/10

VAS Pain Assessment	
<p>Reports General pain/ache Rt UL and LL, unable to give rating.</p> <p>APS mild 3</p>	
Abbey Pain Scale (Absent 0, Mild, 1, Moderate 2, Severe 3)	
Assessment region	Score (0-3)
Vocalisation (whimpering, groaning, crying)	0
Facial Expression (looking: tense, frowning, grimacing, frightened, upset)	1
Body Language (fidgeting, rocking, guarding, withdrawn)	1
Behavioural Change (confusion, refusing to eat, upset etc.)	1
Psychological Change (temperature, pulse, BP, perspiring, flushed, pallor)	0
Physical Change (skin tear, contracture, pressure area, OA/OP, injuries)	0

Client Goals	
Therapy Goals	<p>Ensure safe transfers and mobility</p> <p>Reduce fall risk</p>

	Strengthen clients Lt UL and LL and increase comfort of Rt UL and LL through AROM and PROM exercises.
Personal Goals	Ensure safe transfers and mobility

Mobility and Outcome Plan

Task	Assistance		Equipment
Sit up in Bed	Independent X1 Assist	Supervision X2 Assist	Nil Bed Controls
Bed Mobility	Independent X1 Assist	Supervision X2 Assist	Nil Slide sheet Lifter: Full hoist / Stand-up
Sit to Stand	Independent X1 Assist	Supervision X2 Assist	Nil Unable Stand Up Lifter as possible option (needs to be assessed before use)
Transfers	Independent X1 Assist	Supervision X2 Assist	Nil Unable Lifter: Full Hoist / Stand-up as possible option (needs to be assessed before use) Walking aid: _____
Mobility	Independent X1 Assist	Supervision X2 Assist	Nil Unable Walking aid: _wheelchair_
Toileting	Independent X1 Assist	Supervision X2 Assist	Nil Commode Lifter: Full hoist / Stand-up as possible option (needs to be assessed before use) Over toilet aid

Outcome Plan	
Recommendations	<p>Client has long standing Rt sided hemiplegia as a result of CVA. He is completely dependent on ADLs on his family, wife and 2 children.</p> <p>Current priority is to ensure safe transfers and mobility and reducing falls risk by using correct manual handling and equipment. Family is educated on correct manual handling. Also, I offered to assess client and provide education on correct use of stand-up lifter as a possible transfer option.</p> <p>Once funding is available, I offered possibility of exercise program which would increase client comfort and improve transfers safety by straightening his Lt UL and LL, family agreed.</p> <p>Falls prevention strategies provided.</p> <p>Arabic interpreter present.</p>
Equipment Requirements	<p>Stand up lifter</p> <p>Rt hand resting splint to manage muscle contracture. Splint to be worn during the day. (remove during transfers).</p> <p>Please see link below: https://www.medisupplies.com.au/softpro-functional-hand-wrist-splint/</p> <p>Comfortable Shoes (mobilise pedorthic service)</p> <p>Hospital bed.</p> <p>Already has: wheelchair electric wheelchair but controls on Rt side currently not suitable Over toilet aid Shower chair</p>

Exercise Plan Attached: Yes / No

Use of a stand lifter

Stop, Think, Assess, Review

Stop before you begin, you **must review** the support plan of the client being assisted.

Think about the task, any equipment needed and the readiness of the client. Think about other options if this task cannot be done safely.

Assess the client by watching/talking to them to see if they are willing and able to participate in the task.

Review other options available if client not ready for task. Talk to supervisor/manager about other options.

Potential hazards

1. Client injury from pinching skin with belt or from fall from lifter or lifter malfunction.
2. Cross infection to client from lifter belt.
3. Muscular soft-tissue or skeletal injury to workers from incorrect movement or posture.

Safety provisions

To prevent risk of injury to workers or clients during this manual task:

- a. Follow all steps of this Safe Work Instruction (SWI).*
- b. Use a minimum of 2 workers for the task.*
- c. Do not use if client cannot weight bear.*
- d. Check there is enough space to move portable hoist at every step of task, remove any tripping hazards.*
- e. Always move in same direction as hoist when walking it; do not twist.*
- f. Communicate with client and other workers at every step of this task.*

Instruction

Set up

Health

Case Search

Health Case Details

Health Case History (0)

Current Health Case

Auto-clear failed details

- Rule Id 10020 - Medical Exam - Abnormal, Present or Yes value detected.
- Rule Id 10025 - Abnormal Answers - Activities of Daily Living.
- Rule Id 10043 - Abnormal Answer - Serum Creatinine.
- Rule Id 10005 - An exam has been B Graded.

Examinations

Examinations	Status	Exam. Date	Service Provider	Grade	View
Medical Examination	Finalised	21 Aug 2019	Dr Ramona ABI GERGES EL HADDAD IOM Beirut Lebanon MHAC	B Grade	
Chest X-ray Examination	Finalised	21 Aug 2019	Dr Joseph Benjamin LU IOM Beirut Lebanon MHAC	A Grade	
Syphilis test	Finalised	21 Aug 2019	Dr Ramona ABI GERGES EL HADDAD IOM Beirut Lebanon MHAC	Non-reactive	
HIV test	Finalised	21 Aug 2019	Dr Ramona ABI GERGES EL HADDAD IOM Beirut Lebanon MHAC	Non-reactive	
Medical resettlement needs	Finalised	26 Aug 2019	Dr Ramona ABI GERGES EL HADDAD IOM Beirut Lebanon MHAC	-	
Vaccination	Finalised	21 Aug 2019	Dr Ramona ABI GERGES EL HADDAD IOM Beirut	-	

IME Summary

Status
Finalised

Type

200 - REFUGEE

Assessment Status

Does Not Meet
27 Aug 2019

Waiver Status

Waived

DHC Summary

Status
Cleared To Travel
09 Jan 2020

Type

Post Visa Finalisation
Departure Health Check



Australian Government
Department of Immigration
and Border Protection

Clinic And Examination Details

Clinic Details

Country	LEBANON
Clinic	IOM Beirut Lebanon MHAC
Doctor	Dr Ramona ABI GERGES EL HADDAD

Health case

HAP ID
Source HAP ID

Examinations

Examination Type	Medical Examination
Examination Status	Finalised
Examination Date	21 Aug 2019
Expires	27 Aug 2020
Examination results	B Grade
Report received	Yes
Details	Full physical medical examination report required

Details

No exam attachments found

Key points

Initial blood pressure

Systolic	165
Diastolic	92

All systems

Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities	Abnormal
Comments	controlled epilepsy . motor power : 2/5 right upper Extremity, 4/5 right lower extremity , 5/5 on the left U+ L , moderate right spastic upper extremity , mild right lower extremity
Gastrointestinal system	Abnormal
Comments	chronic constipation
Musculoskeletal system (including mobility for all persons 60 or more years of age)	Abnormal

Comments applicant can make 2 to 3 steps with cane assistance or 1 person assistance, use cane for indoor mobility and wheelchair for outdoor

Eyes (including fundoscopy)

Abnormal

Comments

bilateral blue arcus

Brain and cognition

Mental and cognitive status

Abnormal

Comments

moderately affected by the CVA, MME could not be done

Miscellaneous

Are there any physical or mental conditions which may prevent this person from attending a mainstream school, gaining full employment or living independently now or in the future?

Yes

Comments

right hemiplegia and aphasia

Record Results

Heart condition including coronary disease, hypertension, valve or congenital disease

Yes

Comments

hypertensive since 20 y complicated by massive right CVA and CKD

Kidney or Bladder Disease

Yes

Comments

not known with kidney disease found to have CKD, Creatinine Clearance Estimate by Cockcroft-Gault Equation 40.31 ml/min

An ongoing physical or intellectual disability affecting your current or future ability to function independently or be able to work full-time (including autism or developmental delay)

Yes

Comments

sequela of ischemic CVA since september 2015, Broca's aphasic, right sided hemiplegia in right handed patient improved on physical therapy did not recovered the function, remaining right spasticity upper more prominent than lower extremity, can sit in upright position , use diapers for frequent urine incontinence, needs 1 person assistance in his ADL, started to have grand mal epilepsy on 2015 1 month following the CVA, last convulsion was 6 months ago. applicant can make 2 to 3 steps with cane assistance or 1 person assistance, use cane for indoor mobility and wheelchair for outdoor

Are you taking any prescribed pills or medication (excluding oral contraceptives, over-the-counter medication and natural supplements)? Please list

Yes

Comments

candesartan HCT 16/12,5 mg clopidogrel 75 mg atorvastatin 20 mg tegretol 400 mg daily

501 Medical Exam - Full Report

Chaperone

Chaperone present?	Yes
Chaperone's name	
Relationship to the client	Partner

Interpreter

Interpreter present?	No - not required
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Height & Weight

Height	163
Weight	73
Body Mass Index (BMI)	27

Initial blood pressure

Systolic	165
Diastolic	92

Repeat blood pressure

Systolic	116
Diastolic	74

Initial urinalysis exam

Urinalysis Exam Date	21-Aug-2019
Type of test	Dipstick
Blood	Negative
Protein	Negative
Glucose	Negative

All systems

Cardiovascular system	Normal
Respiratory system	Normal
Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities	Abnormal
Comments	controlled epilepsy . motor power : 2/5 right upper Extremity, 4/5 right lower extremity , 5/5 on the left U+ L , moderate right spastic upper extremity , mild right lower extremity
Gastrointestinal system	Abnormal
Comments	chronic constipation
Musculoskeletal system (including mobility for all persons 60 or more years of age)	Abnormal
Comments	applicant can make 2 to 3 steps with cane assistance or 1 person assistance, use cane for indoor mobility and wheelchair for outdoor
Endocrine system	Normal
Eyes (including funduscopy)	Abnormal
Comments	bilateral blue arcus

Brain and cognition

Mental and cognitive status	Abnormal
Comments	moderately affected by the CVA, MME could not be done
Intellectual ability	Normal

Ears, nose, throat and mouth

Ear/nose/throat/mouth	Normal
Hearing	Normal

Eyes

Visual acuity with or without correction	At least one eye is 6/6, 6/9, 6/12 or 6/18
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Miscellaneous

Skin	Normal
Lymph nodes	Normal
Breast examination where clinically indicated	N/A
Are there any physical or mental conditions which may prevent this person from attending a mainstream school, gaining full employment or living independently now or in the future?	Yes
Comments	right hemiplegia and aphasia
Evidence of drug taking (for example venous puncture marks)	Absent

Examiner Declaration

Declaration User	
Date of Declaration	
I declare that this health examination report is a true and correct record of my findings	Yes

Identity

Issuing country name	
Identity document number	
Date of issue	
Date of expiry	
Identity document type	
Identity document presented	
Identity concerns	
Identity concern comments	

Medical Grading

Grading	B Grade
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General Supporting comments

sequela of massive ischemic CVA: Broca's aphasic, right sided

hemiplegia in right handed patient, normal cranial nerves, no aspiration, use diapers for frequent urine incontinence. moderate mental impairment Epileptic controlled last convulsion 6 months ago HTN, CKD needs 1 person assistance in his ADL, WCHS and escort is mandatory, medical escort to be confirmed on DHC

No exam attachments found

Medical History

Record Results

Tuberculosis (TB), treatment for tuberculosis?	No
Close household contact with Tuberculosis (TB)?	No
Prolonged medical treatment and/or repeated hospital admissions for any reason, including a major operation or psychiatric illness	No
Psychological/Psychiatric Disorder (including major depression, bipolar disorder or schizophrenia)	No
An abnormal or reactive HIV blood test	No
An abnormal or reactive Hepatitis B or Hepatitis C blood test?	No
Cancer or Malignancy in the last 5 years	No
Diabetes	No
Heart condition including coronary disease, hypertension, valve or congenital disease	Yes
Client's comments	hypertensive since 20 y complicated by massive right CVA and CKD
Blood condition (including thalassemia)	No
Kidney or Bladder Disease	Yes
Client's comments	not known with kidney disease found to have CKD, Creatinine Clearance Estimate by Cockcroft-Gault Equation 40.31 ml/min
An ongoing physical or intellectual disability affecting your current or future ability to function independently or be able to work full-time (including autism or developmental delay)	Yes
Client's comments	sequela of ischemic CVA since september 2015, Broca's aphasic, right sided hemiplegia in right handed patient improved on physical therapy did not recovered the function, remaining right spasticity upper more prominent than lower extremity, can sit in upright position , use diapers for frequent urine incontinence, needs 1 person assistance in his ADL, started to have grand

mal epilepsy on 2015 1 month following the CVA, last convulsion was 6 months ago. applicant can make 2 to 3 steps with cane assistance or 1 person assistance, use cane for indoor mobility and wheelchair for outdoor

An addiction to drugs or alcohol

No

Are you taking any prescribed pills or medication (excluding oral contraceptives, over-the-counter medication and natural supplements)? Please list

Yes

Client's comments

candesartan HCT 16/12,5 mg clopidogrel 75 mg atorvastatin 20 mg tegretol 400 mg daily

Record Results

Client Declaration

Yes

Record Results

Doctor Declaration

Yes

General Supporting comments

applicant could not provide urine for screening test , creatine done



Australian Government
Department of Immigration
and Border Protection

Vaccination Examination

Clinic And Examination Details

Clinic Details

Country	LEBANON
Clinic	IOM Beirut Lebanon MHAC
Doctor	Dr Ramona ABI GERGES EL HADDAD

Health case

HAP ID
Source HAP ID

Examinations

Examination Type	Vaccination
Examination Status	Finalised
Examination Date	21 Aug 2019
Expires	27 Aug 2020
Examination results	-
Report received	Yes
Details	Required under policy

Details

No exam attachments found

Full report

Confirm identity

Was the client's identity confirmed? Yes

Record results

Vaccination requirements complete	Yes
Remarks	Epilepsy
Contra-indications	Current severe to moderate illness

Examiner declaration

Date that the declaration was made

User name of person making
declaration

I declare that this health examination
report is a true and correct record of
my findings Yes

No exam attachments found



Australian Government
Department of Immigration
and Border Protection

Activities of Daily Living Examination

Clinic And Examination Details

Clinic Details

Country	LEBANON
Clinic	IOM Beirut Lebanon MHAC
Doctor	Dr Ramona ABI GERGES EL HADDAD

Health case

HAP ID
Source HAP ID

Examinations

Examination Type	Activities of Daily Living
Examination Status	Finalised
Examination Date	26 Aug 2019
Expires	27 Aug 2020
Examination results	-
Report received	Yes
Details	mobility problem

Details

No exam attachments found

Key points

Can the client perform the following without help

Feed/drink	Yes, with difficulty
Dress upper body	No, some help required
Dress lower body	No, some help required
Wash/bathe	No, some help required
Perineum (at toilet)	Yes, with difficulty

Can the client perform the following without help

Transfer bed	Yes, with difficulty
Transfer chair/wheelchair	No, some help required
Transfer toilet	Yes, with difficulty
Transfer bath/shower	Yes, with difficulty
Transfer car	No, totally dependent
Walk 50 metres - level	No, some help required

Stairs, up/down one floor	No, totally dependent
Walk outdoors - 50 metres	No, totally dependent
Wheelchair - 50 metres	No, some help required

Please record the client's level of:

Comprehension	Moderate
Expression	Minimal
Social interaction	Moderate
Memory	Moderate
I have assessed the client's level of self-care as	Limited

Full report

Confirm identity

Was the client's identity confirmed? Yes

Can the client perform the following without help

Feed/drink	Yes, with difficulty
Dress upper body	No, some help required
Dress lower body	No, some help required
Puts on brace/prosthesis	Not applicable
Wash/bathe	No, some help required
Perineum (at toilet)	Yes, with difficulty

Please confirm the client's level of sphincter's control:

Bladder control	Control with urgency
Bowel control	Complete

Can the client perform the following without help

Transfer bed	Yes, with difficulty
Transfer chair/wheelchair	No, some help required
Transfer toilet	Yes, with difficulty
Transfer bath/shower	Yes, with difficulty
Transfer car	No, totally dependent
Walk 50 metres - level	No, some help required
Stairs, up/down one floor	No, totally dependent
Walk outdoors - 50 metres	No, totally dependent
Wheelchair - 50 metres	No, some help required

Please record the client's level of:

Comprehension	Moderate
Expression	Minimal
Social interaction	Moderate
Memory	Moderate
I have assessed the client's level of self-care as	Limited

The client has lived here for:

The client currently lives in Own Home

The client 's current caregiver is

Their relationship to the client is Partner

Do you have any additional Yes

comments you wish to make about
the client's performance of daily
living activities?

Comments can use cane for indoor mobility and wheelchair for outdoor

Examiner declaration

User name of person making
declaration

Date that the declaration was made 26 Aug 2019

Examiner Declaration Yes

No exam attachments found

Declaration

Completed by I
of my findings.

. I declare that this report for this client is a true and correct record

