Community Brain Injury Services
681 Hioaks Rd. Suite G, Richmond, VA 23225
(804) 386-0925
www.communitybraininjury.org

Intake Application

Service Area and Program Interest

In which service area does the individual reside? Metro Richmond ☐ Hampton Roads Peninsula ☐

What program is the individual interested in? The Mill House ☐ The Denbigh House ☐

Case Management ☐ Peninsula Case Management ☐

Information About Person Needing Services

Full Name: _____ Primary Phone: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Emergency Contact: _____ Phone Number: _____

Date of Birth: _____ Social Security No.: _____ Gender: _____

Who referred you to CBIS? _____ Affiliation: _____ Phone Number: _____

Has the individual served in the military? YES ☐ NO ☐

Brain Injury Information

Date of Brain Injury _____

How was brain injury acquired? Motor Vehicle Accident ☐ Blow to head ☐ Stroke ☐ Assault ☐

Gunshot Wound ☐ Aneurysm ☐ Infection ☐ Tumor ☐ Fall ☐

Other (Please describe) ☐ _____

Please provide details about your brain injury

_____

_____

_____

_____

Lost consciousness? YES ☐ NO ☐ Unknown ☐

If yes, length of coma? Less than 24 hours ☐ 24-48 hours ☐ More than 48 hours ☐ Unknown ☐

Medical Information

Describe medical/health problems not related to brain injury including diagnosis and current treatment

Is there a history of seizures? YES ☐ NO ☐ Unknown ☐

Date of last seizure: _____

Please describe seizures:

Primary Care Physician: _____ Phone Number: _____

Neurologist: _____ Phone Number: _____

Other doctors or medical providers?

Pharmacy Name: _____ Phone Number: _____

Current Medications

Medication Name	Dosage	Frequency	Reason

Health Insurance

Currently insured? YES ☐ NO ☐ Unknown ☐ Medicaid? ☐ Medicare ☐ Private/Other ☐ Unknown ☐

Legal Information

Do you have a legal representative? YES ☐ NO ☐ Unknown ☐ Type of Legal Representative: _____

Name: _____ Relationship: _____ Phone Number: _____

Services

Has the individual needing services ever had any of the following?

History of substance or alcohol abuse? YES ☐ NO ☐ UNKNOWN ☐

If Yes, is individual actively involved in a treatment program? YES ☐ NO ☐ UNKNOWN ☐

If Yes, has individual completed a treatment program? YES ☐ NO ☐ UNKNOWN ☐

When was the last time substance or alcohol was used? _____

Does the individual currently receive counseling, psychological, or psychiatric services? YES ☐ NO ☐ UNKNOWN ☐

If yes, please describe diagnoses and current treatment: _____

_____

_____

Please describe any additional mental health history not noted above:

_____

_____

Have has the individual ever been arrested or convicted of a crime? YES ☐ NO ☐ UNKNOWN ☐

Criminal History does NOT exclude an individual from services

If yes, please describe criminal history:

_____

Please describe current involvement with judicial system (if any):

_____

Employment Services

Currently employed? YES ☐ NO ☐

Employer: _____ Job Title: _____

Currently working with VR services through DARS? YES ☐ NO ☐

If yes, VR Counselor Name: _____

Currently working with a job coach? YES ☐ NO ☐

If yes, job coach name: _____

Service Needs Assessment

Please rate the abilities of the individual needing services. Use the rating scale below to check the appropriate box.

1-Needs total help	2-Needs significant help	3-Needs some help and supervision	4-Can complete but needs supervision	5-Fully independent, no help needed

Financial planning and paying bills **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐	Time Management **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐	Decision Making **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐
Housekeeping (household chores, errands) **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐	Movement **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐	Using and Arranging Transportation **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐
Speech, Language, Communication **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐	Self-care (bathing, dressing, etc.) **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐	Learning New Skills **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐

Please check the services for which assistance is needed.

Brain Injury Education ☐	Finding a Place to Live ☐	Social and Recreational Opportunities ☐	Transportation ☐	Home skills ☐
Finding or Keeping a Job ☐	Problem Solving ☐	Mental Health Services ☐	Social Skills ☐	Medical Appointments and Referrals ☐
Budgeting and Money Management ☐	Applying for Benefits ☐	Medication Management ☐	Volunteer Opportunities ☐	Increasing Productive Activity ☐
Coping with memory difficulty ☐	Acquiring Assistive Technology ☐	Anger Management ☐	Impulse Control ☐	Homeless Service ☐

Please return this Intake Application to:

***Community Brain Injury Services**, 681 Hioaks Rd. Suite G, Richmond, VA 23225*

Unless otherwise instructed by Intake Staff or Case Manager

This application may also be faxed to (804) 441-9087

Or emailed to: claire@communitybraininjury.org