

This form is for the reporting of challenges experienced by people living in the community with complex ABI needs. **Our aim is to track and report** a summary of these cases to the Ministry of Health to help illustrate system pressures and resource needs. Clients must meet **all 3 criteria** below:

1. Has a diagnosis of ABI; often in combination with other diagnoses (e.g. Mental Health, Addictions) **AND**
2. Has cognitive, physical and/or behavioural needs and these can't be met by or exceeds current resources **AND**
3. Requires multiple resources of a specialized nature (e.g. Justice, housing, etc.)

Reporting Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Person completing Form (Name, Role): \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Client Information:** Year of Birth: \_\_\_\_\_ Age at Injury: \_\_\_\_\_

Emergency Dept visits (exact or range): \_\_\_\_\_ Home Postal Code (first 3 letters): \_\_\_\_\_

Gender:  Male  Female  Other ABI Navigator contacted?  Yes  No [see next page]

**Current Challenges Experienced** Provide details in blank space below (i.e. urgency):

- Housing  Mental Health  Substance Use  Responsive Behaviours  Funding or Legal  Medical  
 Other (e.g. Justice)

**Service History** - Indicate past and current services received, as well as services that are needed but unavailable, where known. Unavailable (U/A) is defined as a service not existing, or that the client does not meet admission criteria.

Service Type (indicate organization in space below)	Past	Current	U/A	Available but Long Wait (Indicate wait time below)
ABI Clinic (Head injury or TBI Clinic):				
Outpatient Rehabilitation:				
Home & Community Care:				
Community Support Services (e.g. outreach):				
Adult Day Services & Groups:				
Residential Services:				
Behavioural Supports:				
Mental Health Supports:				
Addictions:				
Other (specify):				
Service Provider (e.g. behavioural therapy, psychiatrist, psychologist, case manager, OT, PT, RN, neurologist)				

**Action taken to date (specify in space below):**

Verbal consent obtained from client or substitute decision maker (SDM) to provide the information above to the Toronto ABI Network. Information collected will be used to report a summary of information to the Ministry of Health. Client and/or SDM have been advised that refusing or withdrawing this consent will not affect their care. No personal health information will be disclosed to the Ministry of Health. See next page for resources ->

## Resources

**Toronto ABI Network** assists with navigation and referrals to publicly funded brain injury services within Toronto and GTA.

- Email: [abi.network@uhn.ca](mailto:abi.network@uhn.ca)
- Phone: 416-597-3057

**ABI Provincial Navigators** assist with navigation of brain injury services by LHIN

- Erie St. Clair: 519-344-8484
- South West: 519-646-6110 ext 42988
- Waterloo Wellington: 519-741-5845
- Hamilton Niagara Haldimand Brant: 905-523-8852 ext 251
- Central West & Mississauga Halton: 905-949-4411 ext 223
- Toronto Central: 416-340-4800 ext 8660
- Central: 416-240-8000 ext 755
- Central East: 705-741-1172
- South East: 613-547-6969 ext 37165
- Champlain: 613-310-2222 ext 5963
- North Simcoe Muskoka: 705-734-2178 ext 228
- North East: 705-671-3188 ext 237
- North West: 807-623-1188

**Ontario Brain Injury Association (OBIA)** provides support, education and awareness to individuals and families who have been affected by brain injury.

- Email: [obia@obia.on.ca](mailto:obia@obia.on.ca)
- Phone: 905-641-8877
- HELPLINE: 1-800-263-5404
- Caregiver HELPLINE: 1-833-416-2273

**Brain Injury Society of Toronto (BIST)** provides programs and services to people living with the effects of brain injury and their families/caregivers.

- Email: [info@bist.ca](mailto:info@bist.ca)
- Phone: 416-830-1485