

**To be completed by Consultant in Rehabilitation Medicine (CRM) or Designated Deputy.**

	Category A needs	Category B needs	Category C needs
<b>Specialist medical / neuropsychiatric needs</b>			
<b>Medical/Surgical</b>	<input type="checkbox"/> Complex specialist investigation/ intervention <input type="checkbox"/> Medically /surgically unstable <input type="checkbox"/> Complex on-going needs for coordinated trauma care	<input type="checkbox"/> Routine investigation/ intervention <input type="checkbox"/> Currently well but potentially unstable <input type="checkbox"/> Active on-going trauma care management	<input type="checkbox"/> No investigation/ intervention <input type="checkbox"/> Medically stable <input type="checkbox"/> Trauma care largely complete – review only
<b>Neuropsychiatric</b>	<input type="checkbox"/> Complex/unstable psychiatric needs <input type="checkbox"/> High Risk management <input type="checkbox"/> Treatment under section of the MHA	<input type="checkbox"/> Psychiatric condition stable but requires monitoring <input type="checkbox"/> Medium Risk management	<input type="checkbox"/> No psychiatric condition <input type="checkbox"/> Low or no risk
<b>Intensity</b>	<input type="checkbox"/> ≥5 therapy disciplines <input type="checkbox"/> >25 hours total therapy time per week <input type="checkbox"/> requires 1:1 supervision <input type="checkbox"/> ≥2 trained therapists to treat at one time	<input type="checkbox"/> 4 therapy disciplines <input type="checkbox"/> 20-25 hours total therapy time per week	<input type="checkbox"/> 1-3 therapy disciplines <input type="checkbox"/> <20 hours total therapy time per week
<b>Clinical needs</b>			
<b>Physical</b>	<input type="checkbox"/> Complex postural tone /contracture management <input type="checkbox"/> ≥ 2 to handle <input type="checkbox"/> Highly complex musculoskeletal/trauma/pain management issues <input type="checkbox"/> Complex amputee needs (Multi-limb, hi tech etc)	<input type="checkbox"/> Routine physical issues <input type="checkbox"/> 1 to handle <input type="checkbox"/> Moderately complex musculoskeletal/trauma/pain management issues <input type="checkbox"/> Standard specialist amputee needs	<input type="checkbox"/> Higher function problems only (e.g high level coordination/mild deconditioning) <input type="checkbox"/> Standard musculoskeletal/trauma/pain management/neurological issues <input type="checkbox"/> No physical issues
<b>Tracheostomy/ventilatory</b>	<input type="checkbox"/> Unstable tracheostomy requiring intensive suction <input type="checkbox"/> O <sub>2</sub> sats monitoring programme <input type="checkbox"/> Active weaning programme <input type="checkbox"/> Assisted ventilation	<input type="checkbox"/> Tracheostomy in situ but stable	<input type="checkbox"/> No tracheostomy
<b>Swallowing / nutrition</b>	<input type="checkbox"/> Complex swallowing evaluation ( eg FEES) <input type="checkbox"/> Complex nutritional requirements requiring intensive dietary support/intervention	<input type="checkbox"/> Enteral feeding programme <input type="checkbox"/> Moderate monitoring – eg progressive consistency, dietary content <input type="checkbox"/> Dietary education (eg healthy eating, weight reduction)	<input type="checkbox"/> Normal or stable modified diet <input type="checkbox"/> Able to eat independently or with supervision from care staff only <input type="checkbox"/> Standard dietary / Weight monitoring only
<b>Communication</b>	Complex communication needs requiring: <input type="checkbox"/> Specialist evaluation <input type="checkbox"/> Complex communication aid set/up provision	<input type="checkbox"/> Moderate communication issues with some listener burden, but able to communicate basic needs and ideas	<input type="checkbox"/> Higher function problems only <input type="checkbox"/> No problems with communication
<b>Cognitive</b>	Severe cognitive problems requiring <input type="checkbox"/> Intensive support for carryover / orientation etc <input type="checkbox"/> Complex cognitive / neuropsychological assessment	Moderate cognitive problems requiring <input type="checkbox"/> Structured environment, strategies <input type="checkbox"/> Routine cognitive assessment eg by O/T	<input type="checkbox"/> Higher function problems only <input type="checkbox"/> No cognitive problems
<b>Behavioural</b>	<input type="checkbox"/> Highly challenging behaviours (eg physical/verbal aggression) requiring interactive behavioural management programme	<input type="checkbox"/> Mild/moderate behavioural issues controlled in structured environment	<input type="checkbox"/> No significant behavioural problems
<b>Mood/emotion</b>	Severe anxiety / depression / emotional lability requiring: <input type="checkbox"/> Specialist evaluation <input type="checkbox"/> Active management and frequent crisis intervention	<input type="checkbox"/> Mood disorder/adjustment issues under active management with planned programme	<input type="checkbox"/> No significant mood / adjustment issues

**Patient Categorisation Tool**

**Patient Name:**.....

**NHS number** .....

<b>Complex disability management</b>	Complex disability management eg <input type="checkbox"/> Evaluation of low awareness state <input type="checkbox"/> Neuro-palliative rehabilitation / end of life care	<input type="checkbox"/> Standard disability management eg set-up of care programme, care booklet, carer training etc	<input type="checkbox"/> None required
<b>Social / discharge planning</b>	<input type="checkbox"/> Complex placement / housing /funding issues requiring extensive multi-agency negotiation	<input type="checkbox"/> Active discharge planning requiring liaison with community SW/DN/OT eg to arrange care package	<input type="checkbox"/> No major discharge issues, taken care of by family / allocated social worker
<b>Family support</b>	<input type="checkbox"/> Major family distress issues require frequent support or crisis intervention	<input type="checkbox"/> Routine family support needs (met by planned meetings)	<input type="checkbox"/> No significant family problems
<b>Emotional load on staff</b>	<input type="checkbox"/> Demanding situation requiring highly experienced staff / extra support for staff	<input type="checkbox"/> Somewhat challenging situation but manageable	<input type="checkbox"/> Minimal or no emotional load on staff

<b>Vocational rehabilitation</b>	Specialist vocational rehabilitation needs eg <input type="checkbox"/> Multi-disciplinary vocational assessment <input type="checkbox"/> Multi-agency support for return to work, retraining or work withdrawal <input type="checkbox"/> Complex support in other roles (eg single-parenting)	Moderate vocational support, <input type="checkbox"/> Work visits or employer liaison <input type="checkbox"/> Support for other roles, eg home-maker / parenting	<input type="checkbox"/> Not of working age <input type="checkbox"/> No significant needs for vocational support
<b>Medico-legal issues</b>	Complex medico-legal issues eg requiring interaction with legal system: <input type="checkbox"/> Complex Best interests decisions <input type="checkbox"/> Court of protection applications <input type="checkbox"/> DoLs / PoVA applications <input type="checkbox"/> Litigation issues <input type="checkbox"/> Complex mental capacity / consent issues	Standard medico-legal issues eg <input type="checkbox"/> Mental capacity evaluation <input type="checkbox"/> Standard consent / best interests decisions <input type="checkbox"/> LPoA, advance care planning	<input type="checkbox"/> No significant medico-legal issues
<b>Specialist equipment / facilities</b>	Highly specialist equipment /facilities required eg <input type="checkbox"/> Bespoke Assistive technology <input type="checkbox"/> Highly specialist seating/wheelchair needs <input type="checkbox"/> Bespoke orthotics <input type="checkbox"/> Electronic assistive technology <input type="checkbox"/> Assisted ventilation	Moderate specialist equipment needs eg <input type="checkbox"/> Adapted Wheelchair / seating <input type="checkbox"/> Electric standing frame <input type="checkbox"/> Treadmill/harness training <input type="checkbox"/> Assisted cycling (eg motor-med) <input type="checkbox"/> Splinting / casting	<input type="checkbox"/> No equipment needs <input type="checkbox"/> Basic off the shelf equipment only <input type="checkbox"/> Standard exercise facilities, eg plinth, bike tilt-table, parallel bars

Service level required	Category <i>Clinical Impression</i>	Expected duration of admission	Funding Source (to be entered in Episode section – Commissioning & Referral of UKROC software)	Assessor (Print Name)
<b><i>Clinical Impression</i></b> <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2a <input type="checkbox"/> Level 2b <input type="checkbox"/> Level 3 <input type="checkbox"/> Slow stream / Specialist nursing home <input type="checkbox"/> Community rehab <input type="checkbox"/> Not for rehab <b>Has onward referral been made?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (where to) _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Not applicable	<input type="checkbox"/> Long stay (5-6 months) <input type="checkbox"/> Medium (3-4 months) <input type="checkbox"/> Short (6-8 weeks) <input type="checkbox"/> Assessment / rapid intervention (2-4 wks) <input type="checkbox"/> Not applicable (slow stream or not for rehab)	<input type="checkbox"/> Clinical Commissioning Group (CCG) <input type="checkbox"/> NHS Commissioning Board (NHSCB) <input type="checkbox"/> NHS outside England <input type="checkbox"/> Social Services <input type="checkbox"/> Private	<b>Assessor (please circle):</b> <b>CRM      Other Medic</b> <b>Band 8</b> <b>Other Band.....</b>
		<b>Reasoning /Alternative recommendations:</b>	<b>Purchasing type</b> <input type="checkbox"/> Contract <input type="checkbox"/> Other (e.g spot purchasing)	<b>Date Assessment completed</b> <b>.....</b>