 **Notification of Catastrophic Injury Form**

This form was completed by:

|  |  |  |
| --- | --- | --- |
| Full Name |  |   |

Position Hospital/facility Date

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The Catastrophic Injuries Support Scheme provides necessary and reasonable treatment, care and support for people who have sustained eligible spinal cord injury, brain injury, amputations, burns or permanent blindness from a motor vehicle accident in Western Australia on or after 1 July 2016.

1. **Personal details of the injured person**

 Admission date Date of crash

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| **UMRN:**   |  |   |  |   |

Title Given name(s) Family name

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Date of Birth Gender Aboriginal or Torres Strait Islander

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Unit No. Lot/Street No. Street name Street type

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Town/Suburb State Postcode

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Home phone Mobile phone Language Is an interpreter required?

|  |  |  |  |  |  |  |
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1. **Personal details of the family member, parent/guardian or friend**

Title Given name(s) Family name

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Relationship to injured person Is an interpreter required? Language Business phone

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Home phone Mobile phone Email

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Unit No. Lot/Street No. Street name Street type

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Town/Suburb State Postcode

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1. **Nominated contact for treating health team**

Please identify a contact person from the treating team for ongoing communication with the Insurance Commission (for example, a clinical nurse consultant, case manager or social worker)

Full name Position

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Hospital or Facility Phone

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1. **Medical information**

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| **Brain injury****OR****OR****Less than 3 years old**  |

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| **Spinal cord injury**  Neurological (SCI) level ASIA impairment scale

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| **Amputations**1. **Brachial plexus or lumbosacral avulsion equivalent to a single amputation**
2. **Single**

Single forequarter amputation / shoulder disarticulation**OR**Single amputation of the lower limb through or above 65% of the femur1. **Multiple amputations – there is more than one of the following amputations of the upper/and/or lower limbs**

At or above 50% of the tibia (lower limb)At or above the first metacarpophalangeal joint of the thumb and index finger of the same hand | **Please select at least 2 from below** |

|  |  |
| --- | --- |
| **Burns****Aged 16 and under****Aged over 16****% Burns**(Total Body Surface Area)

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| **Permanent blindness**The injured person is legally blind as demonstrated by: |

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