****

**Cover Sheet to Functional Independence Measure (FIMTM)/ Paediatric Functional Independence Measure (WeeFIM®)**

A FIMTM/WeeFIM® is required for people with traumatic brain injuries or burns in order to assess eligibility for the Catastrophic Injuries Support Scheme. Please attach this cover sheet to the FIMTM/WeeFIM® before returning to the Insurance Commission of Western Australia.

**Injured Person Details**

UMRN Given Name (s) Family name Date of Birth

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**OR ATTACH HOSPITAL STICKER HERE**

**FIMTM/WeeFIM®** **results**

|  |
| --- |
|  |

Date of FIMTM/WeeFIM® completion

**At the time of the assessment for any person:**

a) who has reached 8 years of age are any items that are scored **5 or below** as a result of the brain injury or burns sustained in the motor vehicle crash?

b) who has reached 3 years of age but is under 8 years of age, are any items scored **2 less than the age norm** as a result of the brain injury or burns sustained in the motor vehicle crash?

If no or unsure please provide details why:





**Consultant or Treating Doctor**

I confirm the attached FIMTM/WeeFIM® has been completed within one month of the date of the medical certificate by someone trained in the use of the FIMTM/WeeFIM® instrument and who meets the eligibility criteria for credentialing as outlined by Australasian Rehabilitation Outcomes Centre (AROC).

Medical specialist’s name AHPRA registration number

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

*CIS003*