



**NJ Department of Human Services
Division of Disability Services**



TRAUMATIC BRAIN INJURY FUND: MEDICAL DOCUMENTATION FORM

> This form must be completed and signed by a licensed medical doctor or neuropsychologist.

N.J.A.C. 10:141, the statute that regulates the Traumatic Brain Injury Fund, utilizes the following definition of brain injury:

“Traumatic brain injury” means an acquired injury to the brain caused by a blow or jolt to the head or a penetrating head injury/neuro-trauma that disrupts the normal brain function, where continued impairment can be demonstrated. This term does not include brain dysfunction caused by congenital or degenerative disorders, birth trauma or injuries caused by other circumstances.

I agree to the release of the medical information below to the **Traumatic Brain Injury Fund** for the purposes of determining eligibility. I understand that the TBI Fund reserves the right to contact listed physician for clarification of this information, and I understand that medical information will be protected under the **Health Insurance Portability and Accountability Act (HIPAA)**.

Name _____ Date _____

Signature _____

To be filled out by the physician. Items in **RED** are required fields.

Physician Name

Medical License Number

Type of Physician Medical Doctor Neuropsychologist

Address

Phone

Email

Website

Does the patient meet the TBI definition?

“Traumatic brain injury” means an acquired injury to the brain caused by a blow or jolt to the head or a penetrating head injury/neuro-trauma that disrupts the normal brain function, where continued impairment can be demonstrated. This term does not include brain dysfunction caused by congenital or degenerative disorders, birth trauma or injuries caused by other circumstances. Yes No

Date of Injury

Cause of Injury

Are there other medical conditions that have arisen as a direct result of the brain injury?

Treatment Received

Will this condition require ongoing treatment and support? Yes No

Treatment Recommended (check all that apply)

Acupuncture/Acupressure	Financial Management	Structured Day Program
Aqua Therapy	Hippotherapy	Substance Abuse Evaluation/Treatment
Assistive Technology	Household Management	Medical Transportation
Behavior Management	Life Skills Training	Vehicle Modification
Biofeedback/Neurofeedback	Medication Management	Vision Care
Chiropractic Therapy	Neuropsychiatric/Neuropsychological	Case Management
Cognitive Rehabilitation Therapy	Evaluation	Tutoring
Counseling Services	Occupational Therapy	Medical Care
Dental Care	Personal Care	Protective Legal Services
Durable Medical Equipment	Respite Care	Physical Therapy
Educational Service	Service Coordination	
Environmental/Home Modifications	Speech-Language Therapy	

Name

Signature

Date

If you have any questions regarding this form, please call **1-888-285-3036 (press #1)**. Please return completed application to:

**TBI Fund
NJ Division of Disability Services
PO Box 705
Trenton, NJ 08625-0705**