

The *Post-Assault Traumatic Brain Injury Interview & Checklist* © (P-TBI-IC) is designed to record observations of health care workers providing assessment and treatment for assault victims.

The P-TBI-IC is designed to assist in treatment planning and for consideration of referral for neuropsychological and neurological evaluation, treatment, and rehabilitation.

Useful for:

- Emergency Room Employees
- Social Workers
- Nurses
- Psychotherapists
- Battered Women's Shelter Personnel
- Domestic Violence Workers
- Substance Abuse Treatment Staff
- Criminal Justice Professionals

P-TBI-IC1 *Post-Assault Traumatic Brain Injury Interview & Checklist Complete Kit* \$80.00
Manual
10 Administration Booklets

P-TBI-IC2 *Post-Assault Traumatic Brain Injury Interview & Checklist Manual* \$35.00

P-TBI-IC3 *Post-Assault Traumatic Brain Injury Interview & Checklist Administration Package* \$55.00
10 Administration Booklets

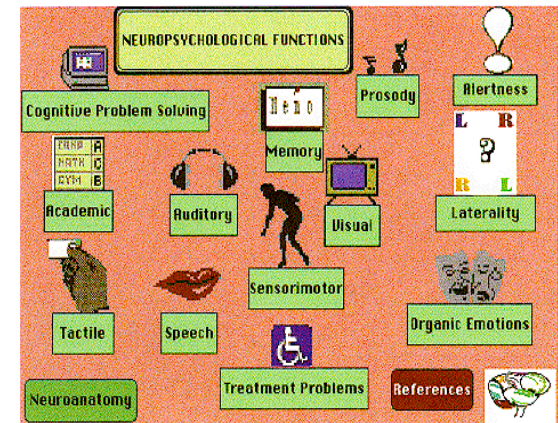
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Post-Assault Traumatic Brain Injury Interview & Checklist © (P-TBI-IC)



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Post-Assault
 Traumatic Brain Injury
 Interview & Checklist ©
 (P-TBI-IC)



SYMPTOM DOMAINS

- Alertness
- Prosody
- Memory
- Sensorimotor
- Speech
- Academic Abilities
- Cognitive Problem Solving
- Organic Emotions
- Laterality
- Treatment Problems

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The first two pages of the **P-TBI-IC** are interviews for the consolidation of demographic information and medical history.

The checklist is divided into two (2) sections:

Hallmarks of Brain Injury

Description of Victim's Behavior in Assessment and Treatment

Hallmarks of Brain Injury include symptoms experienced by many people diagnosed with delirium, dementia, and/or amnesic disorders. The Description of Victim's Behavior in Assessment and Treatment are organized into symptom domains to assist health care providers in developing or refining treatment plans. The Hallmarks and Descriptions are primarily intended for recording of observations, but can be used as guides for interviewing clients, members of their social networks, and/or referring professionals.

Please Print Clearly:

Name_____

Signature (Required) _____

Organization _____

Address_____

City_____

State _____ Zip Code_____

Home Telephone_____

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 BEFORE SHIPMENT OF TEST MATERIALS**