

# MEDICAL REFERRAL TEMPLATE FOR INCIDENTS OF NON-FATAL STRANGULATION AND SUSPECTED BRAIN INJURY

Service referred to: \_\_\_\_\_ Date of referral: \_\_\_\_\_  
Client Full Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

## REASON FOR REFERRAL

\_\_\_\_\_ is engaged with our service for \_\_\_\_\_ support.

During our conversations client has reported experiencing:

- ☐ pressure applied to neck (front/sides)
- ☐ breathing being restricted through drowning or suffocation
- ☐ suffered an injury to the head such as a hit or knock

This was a ☐ one off / ☐ repeated incident which occurred approximately \_\_\_\_\_.

Client reports the following **significant symptoms** of non-fatal strangulation (NON-FATAL STRANGULATION) and acquired brain injury (ABI)

### How the injury occurred

- ☐ Repeated incidents of NON-FATAL STRANGULATION
- ☐ Significant force  
(lifted off the ground, shaken or hit)
- ☐ Loss of bladder/bowel control during incident
- ☐ Near or complete loss of consciousness
- ☐ Memory loss
- ☐ Neurological symptoms persisting  
more than 10 days after the incident

### Physical signs and symptoms of NON-FATAL STRANGULATION:

- ☐ Neck bruises
- ☐ Neck swelling, tenderness, deformity
- ☐ Red spots (petechiae)
- ☐ Changes in voice or inability to talk
- ☐ Difficulty or pain swallowing
- ☐ Air bubbles underneath the skin  
(subcutaneous emphysema)
- ☐ Difficulty or labored breathing
- ☐ Haemorrhage in eyes and mouth

### New or evolving neurological symptoms:

- ☐ Feeling slow and foggy
- ☐ Difficulty processing information, comprehending, or problem solving
- ☐ Memory problems
- ☐ Changes in mood:
  - ☐ Irritability
  - ☐ Anxiety
  - ☐ Sadness
  - ☐ Low or flat affect
  - ☐ Emotional sensitivity
  - ☐ Feeling numb
  - ☐ Other \_\_\_\_\_
- ☐ Changes in sleep
  - ☐ Trouble falling asleep
  - ☐ Excess sleep
  - ☐ Other \_\_\_\_\_
- ☐ Muscle fatigue and/or limb weakness
- ☐ Balance disturbance and/or poor coordination
- ☐ Severe headaches and/or migraines
- ☐ Changes in vision or sight
- ☐ Light or noise sensitivity

## REFERRAL COMMENTS:

### Referral information

In accordance with organisational protocols and clinical advice outlined in national and state-based health guidelines for managing NON-FATAL STRANGULATION and ABI, the client has reported one or more red flags that require medical assessment and potential referral to specialist and allied health services. Sources used to inform our protocols can be viewed below.

## FUTURE CLIENT SUPPORT

Our service will continue to support the client through:

## REFERRING ORGANISATION CONTACT DETAILS:

Please do not hesitate to contact us if we can be of any further assistance.

Referring Organisation: \_\_\_\_\_ Referrer Name: \_\_\_\_\_

Referrer Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_