

Questions to ask when choosing: DAY REHABILITATION

For Individuals with Traumatic Brain Injury (TBI)

Developed through a collaboration of the Brain Injury Association of Florida and the Brain Injury Alliances of Montana and New Jersey.

When choosing a day rehabilitation facility to fit the needs of an individual who has sustained a traumatic brain injury, knowing what to ask can help you make the best possible selection. The checklist below is a good place to start. Check each box that can be answered with a "yes." The facility that receives the most checkmarks is likely to be the best choice for your loved one. We urge you to visit the facility in person before making your decision. Additional considerations are listed on page 2.

	Facility/Notes	Facility/Notes	Facility/Notes
CRITERIA FOR FACILITY/PROGRAM			
Is the program covered by my insurance or funder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the program accredited/licensed by the following agencies?			
Commission of Accreditation of Rehabilitation Facilities (CARF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Commission on Accreditation of Healthcare Orgs. (JCAHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the staff specifically trained to treat individuals with brain injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the initial evaluation specify how long it will take to meet program goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a board certified Psychiatrist (Rehabilitation Physician) on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a board certified Neuropsychologist on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the initial rehab team work with the patient throughout treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your interdisciplinary team include:			
• Behavioral Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cognitive Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Rehabilitation Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Speech and Language Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family Counseling/Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Community Reintegration training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the therapists licensed and/or certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program provide a daily schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program provide transportation to and from the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the program adjusted to suit patients' individual needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility provide an outpatient program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the family visit and observe the program / facility prior to admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide resources and services for caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the facility provide references from previous patients and/or families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS:			

Questions to ask when choosing:

DAY REHABILITATION

For Individuals with Traumatic Brain Injury (TBI)

	Facility/Notes	Facility/Notes	Facility/Notes
ADDITIONAL CONSIDERATIONS			
How many individuals with brain injuries does your facility treat each year?			
How many of these individuals have the same type of brain injury as my family member?			
What is the ratio of staff to patients in nursing and therapy?			
Do you use outside agency nurses?			
Is therapy administered by a therapist or a therapy aide?			
How is therapy administered? What does a typical therapy day look like?			
Are most therapies provided individually, in a group, or a mix of both?			
How often are patient conferences held? How are the patient and family/caregivers involved in the team conferences?			
Does the facility communicate with the family in preparing for a discharge plan?			
Does the facility provide a residential program?			
Will the family receive a written discharge plan to address issues such as vocational rehab, counseling and living arrangements?			
Comments:			

Questions to ask when choosing: INPATIENT REHABILITATION

For Individuals with Traumatic Brain Injury (TBI)

Developed through a collaboration of the Brain Injury Associations of Florida and the Brain Injury Alliances of Montana and New Jersey.

When choosing a rehabilitation facility to fit the needs of an individual who has sustained a traumatic brain injury, knowing what to ask can help you make the best possible selection. The checklist below is a good place to start. Check each box that can be answered with a "yes." The facility that receives the most checkmarks is likely to be the best choice for your loved one. We urge you to visit the facility in person before making your decision. Additional considerations are listed on page 2.

	Facility/Notes	Facility/Notes	Facility/Notes
CRITERIA FOR FACILITY/PROGRAM			
Is the program covered by my insurance or funder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the program accredited/licensed by the following agencies?			
Commission of Accreditation of Rehabilitation Facilities (CARF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Commission on Accreditation of Healthcare Orgs. (JCAHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the staff specifically trained to treat individuals with brain injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the facility provide a proposed course of treatment before admittance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the initial evaluation specify how long it will take to meet program goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can family member(s) visit and observe the program prior to admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the initial rehab team work with the patient throughout their stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a board certified Psychiatrist (Rehabilitation Physician) on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your interdisciplinary program include:		<input type="checkbox"/>	<input type="checkbox"/>
• Full time medical management	<input type="checkbox"/>		
• Behavioral management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cognitive retraining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family counseling/therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Speech/language therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Rehabilitation nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Community reintegration training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the therapists licensed and/or certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program provide a daily schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the program adjusted to suit patients' individual needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it geared to help prepare the patient for return to home, school and/or work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility provide an outpatient program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program provide resources and services for caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the facility provide references from previous patients and/or families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS:			



**Traumatic Brain Injury
Resource and Support Center**

A service of Brain Injury Association of Florida, Inc.

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Sponsored by Brain Injury Association of Florida
and Florida's Department of Health

**Questions to ask when choosing:
INPATIENT REHABILITATION**

For Individuals with Traumatic Brain Injury (TBI)

	Facility/Notes	Facility/Notes	Facility/Notes
ADDITIONAL CONSIDERATIONS			
How many individuals with brain injuries does your facility treat each year?			
How many of these individuals have the same type of brain injury as my family member?			
What is the ratio of staff to patient in nursing and therapy?			
Do you use outside agency nurses?			
What kind(s) of therapy will be included in the rehabilitation program?			
Is there therapy on the weekends?			
How often are patient conferences held?			
How are the patient and family/caregivers involved in the team conferences?			
Does the facility provide a residential outpatient program?			
Will the family receive a written plan upon discharge that addresses issues relevant to the patient (i.e. vocational rehab, counseling, living arrangements)?			
Comments:			

Questions to ask when choosing a: NEUROLOGIST

For Individuals with Traumatic Brain Injury (TBI)

Developed through a collaboration of the Brain Injury Association of Florida and Brain Injury Alliances of Montana and New Jersey.

When choosing a neurologist to fit the needs of an individual who has sustained a traumatic brain injury, knowing what to ask can help you make the best possible selection. The checklist below is a good place to start. Check each box that can be answered with a "yes." The neurologist who receives the most checkmarks is likely to be the best choice for your loved one. Additional considerations and space for notes are listed below.

	Dr. Name/Notes	Dr. Name/Notes	Dr. Name/Notes
CRITERIA FOR NEUROLOGIST			
Are you a medical doctor with a specialty in Neurology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If for child or adolescent: with a specialty in Child Neurology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept my insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have extensive experience or training treating individuals with brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have extensive experience treating individuals with brain injury experiencing emotional and/or behavioral challenges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have extensive experience treating individuals with mild brain injury or (sports) concussions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you prescribe medications for emotional and behavioral challenges following brain injury, or do you refer to another provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the medications you prescribe based on experience working with people with brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of the impact that various forms of brain injury have on the efficacy of medications, or the potential contraindications of certain medications for individuals with brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your evaluation consider the patient's history and basic cognitive functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you provide me with a written summary of your evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you refer out to neuropsychologists or neuropsychiatrists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you affiliated with a rehabilitation facility and/or team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you provide references from previous patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS:			



Questions to ask when choosing a:

NEUROLOGIST

For Individuals with Traumatic Brain Injury (TBI)

	Notes	Notes	Notes
ADDITIONAL CONSIDERATIONS			
Are you Board Certified and, if so, for which Boards?			
What types of specialists do you refer out to (besides neuropsychologists or neuropsychiatrists)?			
What types of diagnostic tests do you utilize?			
• CAT (computed axial tomography) scan			
• MRI/MRA (magnetic resonance imaging/magnetic resonance angiography)			
• Computerized cognitive assessments			
• PET (Positron Emission Tomography)			
• EEG (Electroencephalography)			
• Other			
What physical aspects do you examine (i.e. vision and eye movement, sense of smell, hearing, gag reflex and throat, muscular movements)?			
What is your typical course of treatment?			
How do you monitor individuals who are prescribed medication(s) for efficacy or side effects?			
NOTES:			

Questions to ask when choosing a: NEUROPSYCHOLOGIST

For Individuals with Traumatic Brain Injury (TBI)

Developed through a collaboration of the Brain Injury Association of Florida and the Brain Injury Alliances of Montana and New Jersey.

When choosing a neuropsychologist to fit the needs of an individual who has sustained a traumatic brain injury, knowing what to ask can help you make the best possible selection. The checklist below is a good place to start. Check each box that can be answered with a "yes." The neuropsychologist who receives the most checkmarks is likely to be the best choice for your loved one. Additional considerations and space for notes are listed below.

	Dr. Name/Notes	Dr. Name/Notes	Dr. Name/Notes
CRITERIA FOR NEUROPSYCHOLOGIST			
Are you a PhD or PsyD and a licensed psychologist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Board certified neuropsychologist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept my insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have extensive experience treating individuals with brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you perform neuropsychological evaluations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you incorporate an assessment of the patient's medical, psychological and social history into the evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you interpret the results of your evaluation based on data from brain injury populations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you be conducting the testing? If not, who will conduct the testing and are they a neuropsychologist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you meet with me to discuss the outcome of the evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you provide me with a written summary of the evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the evaluation specify how long it will take to meet program goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you provide progress reports on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide cognitive rehabilitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you address emotional or behavioral issues related to brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you provide references from previous patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS:			
ADDITIONAL CONSIDERATIONS			
How long does the neuropsychological evaluation take? (A good neuropsychological evaluation should take approx. 8-10 hours.)			
What kinds of therapy will be included in the course of treatment?			
Notes:			

Questions to ask when choosing a: NEUROPSYCHIATRIST

For Individuals with Traumatic Brain Injury (TBI)

Developed through a collaboration of the Brain Injury Association of Florida and the Brain Injury Alliances of Montana and New Jersey.

When choosing a Neuropsychiatrist (also called Behavioral Neurologist) to fit the needs of an individual who has sustained a traumatic brain injury, knowing what to ask can help you make the best possible selection. The checklist below is a good place to start. Check each box that can be answered with a "yes." The Neuropsychiatrist who receives the most checkmarks is likely to be the best choice for your loved one. Additional considerations and space for notes are listed below.

	Dr. Name/Notes	Dr. Name/Notes	Dr. Name/Notes
CRITERIA FOR NEUROPSYCHIATRIST			
Are you a medical doctor with a specialty in Psychiatry and/or Neurology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you complete a one year fellowship in Neuropsychiatry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept my insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have extensive experience treating individuals with brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have extensive experience treating individuals with brain injury who are experiencing emotional and behavioral challenges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you incorporate into your assessment the patient's medical, psychological and social history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you prescribe medications specifically for emotional and behavioral challenges following brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you provide me with a written summary of the evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the evaluation specify how long it will take to meet program goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you provide progress reports on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide cognitive rehabilitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can my family attend any of the counseling sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you provide references from previous patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS:			
ADDITIONAL CONSIDERATIONS			
How long does the initial evaluation take?			
What kinds of therapy will be included in the course of treatment?			
What percentage of your practice is children, adolescents and adults?			
Notes:			



**Questions to ask when choosing a:
NURSING HOME**

For Individuals with Traumatic Brain Injury (TBI)

See <http://www.memberofthefamily.net> and <http://www.medicare.gov/NHCompare>

For information about nursing homes in your area.

Developed through a collaboration of the Brain Injury Associations of Florida, Montana, and New Jersey.

When choosing a nursing home to fit the needs of an individual who has sustained a traumatic brain injury, knowing what to ask can help you make the best possible selection. The checklist below is a good place to start. Check each box that can be answered with a "yes." The facility that receives the most checkmarks is likely to be the best choice for your loved one. We urge you to visit the facility in person before making your decision. Additional considerations are listed on page 2.

	Facility/Notes	Facility/Notes	Facility/Notes
CRITERIA FOR FACILITY/PROGRAM			
Is the program covered by my insurance or funder for long-term care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility Medicare certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility Medicaid certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the home and current administrator licensed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the home conduct background checks on all staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are Registered Nurses (RN) and Certified Nursing Assistants (CNA) on staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the staff trained and experienced in working with individuals with brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the staff receive abuse prevention training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there special services such as rehabilitation and hospice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there policies and procedures to safeguard resident possessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can residents make choices about their daily routine (i.e. bedtimes, meal times)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there a variety of activities for residents to choose from?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the resident rooms have personal articles and comfortable furniture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an outdoor area for resident use and help for residents to get outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can residents continue to see their personal physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do residents have the same caregivers on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there enough staff on nights, weekends and holidays to care for each resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the home have an arrangement for emergencies with a nearby hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are care plan meetings scheduled so that the resident and their family members can attend them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are nurses who care for the residents included in care plan meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there enough staff to assist each resident who needs help with eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are residents offered choices of food at mealtimes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the staff help residents drink if they are unable to do so, on their own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there handrails and grab bars in hallways and bathrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the nursing home have smoke detectors and sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the facility provide references from other families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS:			

Questions to ask when choosing a:

NURSING HOME

For Individuals with Traumatic Brain Injury (TBI)

	Facility/Notes	Facility/Notes	Facility/Notes
ADDITIONAL CONSIDERATIONS			
What is the occupancy rate of the home?			
How many of the residents have brain injuries?			
Is the home convenient for friends and family visits?			
Does the home meet the resident's cultural or language needs?			
Hallways are free of clutter and spills are cleaned up quickly.			
How are medications secured and administered?			
How does the staff manage residents with behavioral issues? Do they receive special training to help them provide this care? Are residents with behavioral issues checked by a doctor or specialist?			
When you visit the home, take note of the following:			
• Interactions between staff and residents are warm and respectful.			
• The nursing home smells and looks clean and has good lighting.			
• The temperature is comfortable.			
• Residents are clean and well groomed.			
• The staff responds quickly to requests for help.			
• There are water pitchers and glasses on tables in resident rooms.			
• Nutritious snacks are available.			
• There is sufficient staff to assist residents who need help moving or getting in and out of chairs and/or bed.			
• Ask what the staff does to prevent bowel and bladder incontinence for residents who are at risk.			
• Nutritious snacks available during the days and evenings.			
When you observe a mealtime at the facility:			
• Are residents who need help eating able to finish their meals or are they returned to the kitchen uneaten?			
• What type of assistance is offered to residents who need help eating?			
• Food looks and tastes good, and is served at proper temperature.			
• The dining room environment is calm and unrushed.			

Questions to ask when choosing: OUTPATIENT REHABILITATION

For Individuals with Traumatic Brain Injury (TBI)

Developed through a collaboration of the Brain Injury Association of Florida and the Brain Injury Alliances of Montana and New Jersey.

When choosing an outpatient rehabilitation facility to fit the needs of an individual who has sustained a traumatic brain injury, knowing what to ask can help you make the best possible selection. The checklist below is a good place to start. Check each box that can be answered with a "yes." The facility that receives the most checkmarks is likely to be the best choice for your loved one. We urge you to visit the facility in person before making your decision. Additional considerations are listed on page 2.

	Facility/Notes	Facility/Notes	Facility/Notes
CRITERIA FOR FACILITY/PROGRAM			
Is the program covered by my insurance or funder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the program accredited/licensed by the following agencies?			
Commission of Accreditation of Rehabilitation Facilities (CARF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Commission on Accreditation of Healthcare Orgs. (JCAHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the staff specifically trained to treat individuals with brain injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the initial evaluation specify how long it will take to meet program goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient receive an individualized treatment plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can family visit and observe the program prior to admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the initial rehab team work with the patient throughout treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your Program include:		<input type="checkbox"/>	<input type="checkbox"/>
• Physical Rehabilitation	<input type="checkbox"/>		
• Behavioral Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cognitive Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Speech and Language Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family Counseling/Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Community Reintegration training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mobility Assessment and Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Exercise & Fitness or Adaptive Sports & Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Socialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Self-Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Help returning to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Follow-up and Long Term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all therapists licensed and/or certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program provide resources and services for caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the facility provide references from previous patients and/or families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS:			



**Questions to ask when choosing:
OUTPATIENT REHABILITATION**

For Individuals with Traumatic Brain Injury (TBI)

	Facility/Notes	Facility/Notes	Facility/Notes
ADDITIONAL CONSIDERATIONS			
How many individuals with brain injuries does your facility treat each year?			
How many of these individuals have the same type of brain injury as my family member?			
Will therapy focus on regaining lost skills and compensating for abilities that have changed?			
Are aides and/or assistants used to perform therapy?			
Describe the evaluation process.			
Are team meetings held regularly to discuss progress and goals?			
How often are patients re-evaluated?			
How are the patient and family/caregivers involved in the team conferences?			
Are there follow-up services available to help with housing arrangements, health care and help obtaining other community services?			
Comments:			

**Questions to ask when choosing a:
PRIMARY CARE PHYSICIAN (PCP)**

For Individuals with Traumatic Brain Injury (TBI)

Developed through a collaboration of the Brain Injury Associations of Florida, Montana, and New Jersey.

When choosing a primary care physician to fit the needs of an individual who has sustained a traumatic brain injury, knowing what to ask can help you make the best possible selection. The checklist below is a good place to start. Check each box that can be answered with a "yes." The primary care physician who receives the most checkmarks is likely to be the best choice for your loved one. This can be a very important, long-term relationship. Take your time in choosing. Learn the location of the office and office hours to be sure they are convenient for you. Talk to the support staff. Are they courteous, organized and helpful? Will the doctor take time to listen to you? Do you feel comfortable with him/her? Ask friends and relatives for referrals.

	Dr. Name/Notes	Dr. Name/Notes	Dr. Name/Notes
CRITERIA FOR PRIMARY CARE PHYSICIAN			
Are you a board certified in your specialty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept my insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have extensive experience treating patients with brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have specific training in prescribing and monitoring medications for patients with brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you refer patients with brain injury to specialists when needed (i.e. Neurologist, Neuropsychologist, Psychiatrist, Physical, Cognitive, Speech and/or Behavioral Therapist)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the doctor call for a lot of tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide after-hours or emergency care management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the office staff or doctor return phone calls promptly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the office stress preventative care and healthy lifestyle options?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you provide references from previous patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS:			
ADDITIONAL CONSIDERATIONS			
What hospital are you affiliated with?			
Who would see the patient if the doctor is unavailable?			
How frequently are physician assistants (PA's) used? Are the PA's in the office trained to work with patients with brain injury?			
How long does it take to get a non-emergency appointment?			
How long is the typical wait before seeing a doctor? In the exam room?			
Does the doctor give you undivided attention, or is he/she rushed?			
Notes:			



Questions to ask when choosing a: RESIDENTIAL FACILITY

For Individuals with Traumatic Brain Injury (TBI)

Developed through a collaboration of the Brain Injury Association of Florida and the Brain Injury Alliances of Montana and New Jersey.

When choosing a residential facility to fit the needs of an individual who has sustained a traumatic brain injury, knowing what to ask can help you make the best possible selection. The checklist below is a good place to start. Check each box that can be answered with a "yes." The facility that receives the most checkmarks is likely to be the best choice for your loved one. We urge you to visit the facility in person before making your decision. Additional considerations are listed on page 2.

	Facility/Notes	Facility/Notes	Facility/Notes
CRITERIA FOR FACILITY/PROGRAM			
Is the program able to bill insurance, VA, private trust or other benefit programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program accept Medicaid (waivers)? If so, what are the requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does Medicaid cover the full cost of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program offer the following:			
• Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Short term/transitional living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Long term/transitional living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Supported Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Home Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there activities specifically for people with brain injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the staff trained to work with individuals with brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a daily schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the program adjusted to suit residents' individual needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can family members visit and observe the facility prior to admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can family members visit or call at open times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can my loved one come home for short stays without losing placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program participate in community-based activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program offer assistance with:			
• Activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Meal Preparation / Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Medication / Medical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Behavioral Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Socialization / Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vocational opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS:			

Questions to ask when choosing a:

RESIDENTIAL FACILITY

For Individuals with Traumatic Brain Injury (TBI)

	Facility/Notes	Facility/Notes	Facility/Notes
ADDITIONAL CONSIDERATIONS			
How many of the residents have brain injuries?			
How many individuals have a brain injury similar to my loved one?			
Do you serve individuals who have conditions other than brain injury?			
What age range do you serve?			
What medical care do you provide (directly, by contract or in the community)?			
How does the staff manage residents with behavioral issues? Do they receive special training to help them provide this care?			
When you visit the facility, take note of the following:			
• Interactions between staff and residents are warm and respectful.			
• The facility smells and looks clean and has good lighting.			
• The temperature is comfortable.			
• Residents are clean and well groomed.			
• The staff responds quickly to requests for help.			
• There are water pitchers and glasses on tables in resident rooms.			
• Nutritious snacks are available.			
• There is sufficient staff to assist residents who need help moving or getting in and out of chairs and/or bed.			
• Ask what the staff does to prevent bowel and bladder incontinence for residents who are at risk.			
When you observe a mealtime at the facility:			
• Are residents who need help eating able to finish their meals or are they returned to the kitchen uneaten?			
• Is assistance offered to residents who need help eating?			
• Food looks and tastes good, and is served at proper temperature.			
• The dining room environment is calm and unrushed.			