

Brain & Spinal Cord Injury Program
DISABILITY DETERMINATION RED FLAG FOR BRAIN INJURY



This individual was reported to the Central Registry as having a traumatic brain or spinal cord injury. The purpose of this form is to assist the Social Security Administration and the Division of Disability Determinations in expediting the review and determination of disability and eligibility for benefits. Your assistance in completing this form will aid this client in obtaining medical and financial assistance

Patient/Client: _____

SSN #: _____

DATE OF INJURY: _____

DIVISION OF DISABILITY DETERMINATIONS
DEFINITION OF BRAIN INJURY:

Traumatic injury to the skull, brain or its covering with significant and persistent disorganization of motor, sensory, or cognitive/behavioral function more than 3 months post trauma.

CONDITION	*GLASGOW COMA SCALE	*RANCHO SCALE	*PRESENT LEVELS OF FUNCTIONING <i>Check all that apply</i>	FEASIBILITY OF RETURN TO SUBSTANTIAL GAINFUL ACTIVITY IN 12 MONTHS
	<i>Circle One</i>	<i>Circle One</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Catastrophic</u> Persistent vegetative state. Patient makes no response that is psychologically meaningful.	3	1	<input type="checkbox"/> <i>Motor Seizures</i> <input type="checkbox"/> <i>Ineffective Speech</i> <input type="checkbox"/> <i>Significant Motor Dysfunction</i> <input type="checkbox"/> <i>Hearing or Vision Impairments</i> <input type="checkbox"/> <i>Disorientation to Time and Place</i> <input type="checkbox"/> <i>Memory Impairment</i> <input type="checkbox"/> <i>Perceptual or Thinking Disturbances</i> <input type="checkbox"/> <i>Change in Personality</i> <input type="checkbox"/> <i>Disturbance in Mood</i> <input type="checkbox"/> <i>Emotional Liability</i> <input type="checkbox"/> <i>Loss of Measured Intellectual Ability</i> <input type="checkbox"/> <i>Marked restriction of ADLs</i> <input type="checkbox"/> <i>Marked Difficulties in Social Functioning</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Severe Disability</u> Coma lasting more than one day Conscious, but dependent for all care 24 hours per day. Brain stem usually involved.	4 5 6 7 8	2 3 4		
<u>Moderate Disability</u> Unconscious from 1 - 24 hours. Essentially independent in ADLs but has some obvious residual deficits.	9 10 11 12	5 6 7 8 9 10		

PSYCHOLOGIST OR PRIMARY TREATING PHYSICIAN: _____ **DATE:** _____

****NOTE:** Must be attached with Supportive Medical, Psychological and Social Security Referral Documentation

***See reverse side for information**

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GLASGOW COMA SCALE					
Eye Opening	Points	Best Verbal Response	Points	Best Motor Response	Points
Spontaneous Indicates arousal mechanisms in brain stem are active	4	Oriented Patient knows who and where he or she is, and the year, season and month.	5	Obeys Commands *Note: a grasp reflex or a change in posture does not count as a response	6
To Sound Eyes open to any sound stimulus	3	Confused Responses to questions indicate varying degrees of confusion and disorientation	4	Localized Moves a limb to attempt to remove a painful stimulus	5
To Pain Apply stimulus to limbs, not face	2	Inappropriate Speech is intelligible but sustained conversation is not possible	3	Flexor: Normal Entire shoulder or arm is flexed in response to painful stimuli	4
No Response	1	Incomprehensible Unintelligible sounds such as moans and groans are made	2	Flexion: Abnormal The patient is rigidly still with arms flexed, fists clenched, and legs extended	3
Choose one number from the column above that best describes the patient's response Enter here: →		No Response	1	Extension Abnormal turning and rotation of the arms and shoulders	2
		Choose one number from the column above that best describes the patient's response Enter here: →		No Response	1
Disability Range ≥ 3 - Catastrophic 4 to 8 - Severe 8 to 12 - Moderate				Choose one number from the column above that best describes the patient's response Enter here: →	
				Add the 3 numbers above. Enter here: → This is your Glasgow Score	

** This scale is applicable to patients / clients age 4 - adult**

RANCHO LOS AMIGOS COGNITIVE SCALE

Use this guide to circle the selection that best describes the patient / client's level of awareness:

- 01 – No response to pain, touch, sound or sight
- 02 – Generalized reflex response to pain
- 03 – Localized response: blinks to strong light, turns toward / away from sound, responds to physical discomfort, inconsistent response to commands
- 04 – Confused/Agitated: alert, very active, aggressive or bizarre behaviors, performs motor activities but behavior is non-purposeful, extremely short attention span.
- 05 – Confused /Non-agitated: gross attention to environment, highly distracted, requires continual redirection, difficulty learning new tasks, agitated by too much stimulation; but with inappropriate verbalization.
- 06 – Confused/Appropriate: inconsistent orientation to time and place, retention span / recent memory impaired, begins to recall past, consistently follows simple directions, goal-directed behavior with assistance
- 07 – Automatic/Appropriate: performs daily routine in a highly familiar environment in a non-confused but automatic manner. Skills noticeably deteriorate in unfamiliar environment. Lacks realistic planning for own future.
- 08 – Purposeful/Appropriate. Stand-by assistance.
- 09 - Purposeful/Appropriate. Stand-by assistance upon request.
- 10 - Purposeful/Appropriate. Modified independent.

***The psychologist or primary treating physician will need to complete applicable items in these categories:

- (1) Documented Glasgow Coma Scale
- (2) Rancho Scale
- (3) Present Level of Functioning

ATTACH THIS COMPLETE SUPPLEMENTAL DDRF TO THE SOCIAL SECURITY "RED FLAG" PROGRAM TRANSMITTAL FORM