

Logbook Template & Example (DPsych ClinNeuro)Student Name: Joe BloggsStudent ID:Supervisor:Placement Agency:Logbook #: 1Placement Level:

Case: AA
Date of service: 2011

Referral Question:
25-year-old male who sustained a brain injury in a motor vehicle accident. Assessment was requested to clarify the extent of his brain injury and associated cognitive deficits and guide patient management.

Background Information:
AA was a passenger in a motor vehicle that hit a tree in December 2009. He sustained a closed head injury. His Glasgow Coma Scale score was 8/15 at the scene of the accident. Initial CT showed bifrontal contusions and diffuse axonal injury. Duration of post traumatic amnesia was estimated at 16 days. The therapy team report that AA displays poor memory and is impulsive in therapy.

Relevant background includes a one year history of depression treated pharmacologically. He completed Year 10 and works full-time as a bricklayer. He lives with his partner and has been independent with daily activities.

Presentation and Test Results:
AA presented as alert and oriented with euthymic mood. He was cooperative with the assessment. His speech was moderately verbose and tangential. Comprehension was normal. He was moderately impulsive on assessment.

Relative to estimated Average premorbid abilities, formal assessment revealed moderate-severe deficits in several cognitive domains including new learning and recent memory, working memory, processing speed, and executive skills such as planning and response inhibition. Relative strengths were shown in the areas of nonverbal problem solving.

Impression and Recommendations:
AA has sustained a severe traumatic brain injury with a PTA of 16 days. Neuropsychology assessment at 6 weeks post injury reveals moderate-severe cognitive deficits in keeping with a severe TBI. Further cognitive improvement is likely, however, at this stage, he does not appear ready for higher level activities such as work or driving. Neuropsychology re-assessment is recommended prior to return to work to guide his return to work program and he should have an OT driving assessment before resuming driving. Strategies for managing memory problems and impulsivity have been discussed with AA, his therapy team and his partner. Although not currently depressed, his therapy team should monitor AA's mood and refer for psychology support as required.

Diagnostic Category: Traumatic brain injury

Supervisor Signature _____ Date: _____

Student Signature _____ Date: _____