



# James A. Haley VA Hospital Post-Deployment **R**ehabilitation and **E**valuation **P**rogram Veteran Referral Packet

## **Mission Statement:**

Our mission is to provide each Veteran with compassionate, state-of-the-art treatment services focusing on rehabilitation and mental health needs. Community reintegration and a comprehensive plan for restoration of function are paramount. Our goal is to assist in improving functional abilities, reduce symptom complaints, stabilizing psychological distress while restoring confidence and a sense of mastery, enhancing family relationships, and assisting Veterans with ongoing recovery.

## **Program Overview:**

**PREP** is an inpatient rehabilitation program that specializes in the evaluation and treatment of complex reactions and symptoms associated with possible mild TBI and post-deployment adjustment difficulties. These unique programs encompass two phases:

**PHASE I:** Includes a 1-3 week comprehensive individualized evaluation to examine physical, cognitive, and mental health symptoms, and develop an individualized treatment plan.

**PHASE II:** Our treatment program provides intensive treatment for post deployment/combat related injuries encompassing both physical and mental health sequelae, including PTSD and other post-deployment readjustment issues. Treatment is collaborative and facilitated by an interdisciplinary team that can address both rehabilitation and mental health needs simultaneously.

Individualized treatment plans commonly include:

- |  |   |
|--|---|
| Vestibular (balance) Rehabilitation            | Pain / Headache Management                |
| Individual PTSD treatment (Prolonged Exposure) | Insomnia/ Sleep Apnea Treatment           |
| Cognitive Rehabilitation                       | Physical Therapy / Core Strength Training |
| Recreation Therapy/Community Reintegration     | Medical/ Medication Management            |
| Relaxation Training / Yoga                     | Multisensory Evaluation/Treatment         |
| Post-deployment Adjustment Therapy             | Vocational Rehabilitation                 |
| Audiological Rehabilitation                    | Vision Therapy                            |



**For additional questions about the program please contact:**

Telephone: (813) 972-2000 or Toll Free: (888) 716-7787

**PREP POC at ext. 3415**

Email: [carlos.rivera5@va.gov](mailto:carlos.rivera5@va.gov)

**Admission Coordinator at ext. 6149**

Email: [Debbie.Shepherd@va.gov](mailto:Debbie.Shepherd@va.gov)



# James A. Haley VA Hospital

## Post-Deployment Rehabilitation and Evaluation Program

### Patient Agreement

#### Agreement

- I am willing to be admitted to PREP for at least 1-3 weeks. However, depending upon your individualized evaluation/treatment plan, your length of stay may be shorter or longer in duration.
- I agree to comprehensive evaluation including (but limited to): psychiatrist, neurology, physical therapy, psychology specialists, psychiatry, neuropsychology, speech therapy, social work, occupational therapy, vocational therapy, vision, and/or audiology.

\_\_\_\_\_ I agree to attend daily scheduled therapies. Routine absenteeism from scheduled therapies  
(Initials) (without prior approval) may result in early discharge from the program.

- I agree to attend weekly progress rounds, during which time treatment goals and progress will be addressed. This is your opportunity to participate directly in your medical care.
- I agree to engage in scheduled social and physical activities specific to your individualized treatment plan (e.g., playing sports, aerobic exercise, yoga or dining out with other veterans/service members).

\_\_\_\_\_ I agree to abstain from alcohol/illicit drugs, to abstain from non-prescribed drugs and to use  
(Initials) prescribed medications as directed. You may be asked to provide a urine sample or take a breathalyzer for drug/alcohol screening at the team's request. **Note:** *Violation of this rule will deemed you to be non-compliant which will be reflected in your medical records.*

- I agree, upon admission, to turn over ALL medications to the team nurse as hospital policy dictates. Patients are not allowed to manage/take their own medications while an inpatient. We reserve the right to search your room and/or belongings for medications in order to ensure your safety and the safety of others.
- I agree to keep my treatment CONFIDENTIAL from other patients.
- While you may be kept busy throughout the day, evenings and weekends are considered free time. We encourage you to use this time to continue to work on your treatment goals (e.g. completing assignments, exercising, socializing).
- Evening and weekend passes are given at the discretion of your medical provider, but are ultimately a treatment team decision. Anytime you leave hospital grounds without staff you need a pass.
- I understand that acts of physical or verbal violence against staff or other patients will not be tolerated and will result in immediate expulsion. I will treat each patient and team member with respect and will be treated with respect in turn.
- Non-compliance with the above agreement and guidelines may lead to an early discharge. I understand if I am discharged for non-compliance, my return travel will not be paid.

I, \_\_\_\_\_, have been provided information regarding admission expectations and agree to abide by these patient agreement and guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



James A Haley VA Hospital  
Post-Deployment Rehabilitation and Evaluation Program  
**Veteran Referral Form**

*Please note that items marked with an asterisk (\*) are required in order to process the referral.*

Date of Referral: \_\_\_\_\_

\*Referring Clinician: \_\_\_\_\_

\*Phone Number/email: \_\_\_\_\_

\*Referring Case Manager/Social Worker: \_\_\_\_\_

\*Phone Number/email: \_\_\_\_\_

Referring Organization: \_\_\_\_\_

Veteran's Name:	
Veteran's SSN:	
Veteran's DOB:	
Veteran's Address:	
City/State/Zip:	
Veteran's Phone Number:	
Veteran's e-mail:	

**TRAVEL CLEARANCE**

Veteran is *medically* cleared for travel, individually, by the one of the following modes of transportation:

- Privately Own Vehicle, Train, Bus

- Commercial Air

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*Signature, Print Name and Date above can **ONLY** be completed by a **Medical Provider** who can clear the patient for travel.

**VETERAN's DEMOGRAPHICS**

**Status:**    Veteran    Reservist    National Guard    Military Retired

**Branch of Service:**    Army    Navy    Marines    Air Force    Coast Guard

**Marital Status:**    Never Married    Married    Domestic Partner    Separated  
 Divorced    Widowed

**Gender:**    Male    Female    Other \_\_\_\_\_

**What is the patient's preferred language for discussing health care:** \_\_\_\_\_

**Does the patient currently utilize a Personal Health Information (PHI) system? (How do they manage their medical care and records?)**    Yes    No

**Are there pending or history of military/civilian legal issues (Investigations, Line of Duty, arrests, etc)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL**

**Purpose of the referral to PREP?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the patient willing and able to fully participate in the program?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date and Mechanism of Injury:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any admissions/hospital stays within the past 60 days (Psychiatric/Medical):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Post Deployment Rehabilitation and Evaluation Program

## What to Expect & What to Bring

You have been referred to the James A. Haley VA Polytrauma Rehabilitation Center PREP Program. To prepare for your stay, please review the information below prior to travel.

- ✓ Before you travel, please contact the PREP Program Case Manager to ensure accommodations are in order and we have your updated contact information.
- ✓ Please bring the following items if applicable:
  - Prescribed medications and/or vitamins
  - Hearing aids
  - Eye glasses
  - Braces/Splints
  - Tens Unit/Alpha Stim
  - CPAP machine
  - Medical records (if you already have copies)
  - DD214 ( if available)
  - Toiletries (soap, shampoo, shaving cream, deodorant, toothpaste, etc.)
  - 1 weeks-worth of clothing to include Gym clothes, Swim suit/trunks and sweater(s)
  - Laundry facilities, detergent and fabric softener are provided for your convenience
  - Sunglasses are allowed outdoors only
  - Comfortable shoes (tennis shoes, play shoes) & shower shoes
  - Please **do not** bring more than \$100 cash with you
  - Personal identification (VA ID, Driver's License, Military ID)
  - The following items are allowed: Laptop, IPAD, Cell Phone
- ✓ Items **NOT** to bring:
  - Firearms and/or other supplies/weaponry
  - Alcohol, illegal substances and/or mood altering substances
  - Chemical liquids (nail polish/nail polish remover)
  - Glass items, including glass picture frames
  - Non-prescribed medications (including creams, and over the counter medications)

***Note:** There may be other items that the staff deems inappropriate during treatment and is not responsible for lost or stolen items.*

### **During admission:**

- ✓ You will be admitted to the hospital for approximately three-four weeks. This length of stay may be extended or shortened as treatments are modified to each patient and their identified goals.
- ✓ You will be very busy with medical and mental health appointments, Monday through Friday from 8am to 4pm. Weekend and evening passes may be granted depending on your medical status.

**Family Visitation:** Family members are welcome to briefly visit our program. This is best accommodated either at initial admission or prior to discharge. Family meetings or telephone conferences can be scheduled to address ongoing treatment issues.



DEPARTMENT OF VETERANS AFFAIRS  
James A. Haley Veterans' Hospital  
13000 Bruce B. Downs Blvd Tampa, FL 33612

November 05, 2015

In Reply Refer To: 673/11

To Whom It May Concern:

The Post Deployment Rehabilitation and Evaluation Program (PREP) in Tampa, Florida is a unique inpatient rehabilitation program that specializes in the evaluation of complex reactions and symptoms associated with possible concussive injury/mild TBI and post-deployment adjustment difficulties. During this treatment, Veterans and active duty service members are provided with education about the underlying causes and persistent nature of their symptoms despite previous treatment protocols.

As the only inpatient PREP program option in the VA system, the PREP program accepts referrals from all 50 states. It is the responsibility of the referring facility to coordinate and pay for travel to the James A. Haley Veterans' Hospital (JAHVH) in Tampa, Florida. Once admitted, the JAHVH provides comprehensive inpatient treatment as well as return transportation following successful program completion.

Since effective treatment for TBI and post-deployment sequela for our Veterans and military personnel is a national priority, we appreciate your full cooperation in facilitating the best care possible.

Sincerely,

A handwritten signature in blue ink, appearing to read "E P Cutolo Jr.", on a light blue background.

Edward P.  
Cutolo Jr., M.D.  
Chief of Staff