

Outpatient Neuro Rehab Services Referral Form

This form is for Trillium inpatients and the Stroke Prevention Clinic only.

Patient Information

Name _____ Gender _____
Referring Physician _____ Family Physician _____
Date of admission to hospital: _____ Expected Discharge date _____ Expected Discharge Location _____
Diagnoses _____
Other Health Issues: _____
Allergies: _____ Code Status: Full resuscitation or _____
Contact Person: _____ Phone Number _____
Primary Language Spoken _____ Interpreter Available _____
Previous Functional Level (within past year, include work status) _____

 Lives alone Lives with _____ Other supports _____
Social issues _____ CCAC Services requested _____

Home Access

Mobility aid used _____
Stairs: Number of stairs to enter the home _____ Railings _____ Assistance required _____
Will the client be able to exit and enter the home safely? _____
Able to lock/unlock/open/close door? _____ If not, assistance available _____

Services Recommended (Physician's Orders)

- Referral to Outpatient Neuro Rehab Centre (OT, PT, SLP, SW, RN to assess and treat as needed)

To help us determine the initial needs, please identify the services recommended.

OT ADL/ IADL Cognition Perception Driving Upper extremity function Return to work
Other: _____
 PT AFO Assessment for mobility aid
 SLP Communication Swallowing
 SW
 RN Education: Diagnosis Anticoagulation Diabetes Nutrition Medications Other _____
 Elimination Pain Management Other _____

PHYSICIAN'S NAME: _____ Signature _____ Date: _____

Transportation (once to twice weekly)

Self Family Trans Help Wheel Trans Other _____

Patient's Driver's License status _____

Assistance While At the Neuro Rehab Centre / Functional Status

Eating: Modified diet texture (including fluids) _____

Assistance required for meals: Setup Supervision for other reason _____

Toileting: Continent of bladder Y N Continent of bowel Y N

Assistance required for toileting transfer: No 1 person min 1 person mod-max 2 person

Does this client have someone to assist them while attending the program? Y N

Transfers to chair: Independent Supervision 1 person min 1 person mod-max 2 person

Ambulation: Independent Supervision 1 person min 1 person mod-max 2 person

Cognition: Understands verbal instructions Understands written instructions Remembers verbal 2-step instructions

Decreased insight/judgment

Risk of Falls: High Low Additional Information: _____

Behaviour: Impulsive Wanderer Aggressive Cooperative

Have referrals been made to other programs (Cardiac Rehab, Diabetes Management, other Neuro program)? _____

Inpatient Rehab Team Contacts	
OT	_____
PT	_____
RN	_____
SLP	_____
SW	_____
Other	_____

Program criteria: The Outpatient Neuro Rehab Centre offers coordinated, comprehensive healthcare services for individuals diagnosed with a neurological condition.

Criteria:

- A *RECENT* neurological condition or significant change in status: stroke within the past 9 months, acquired brain injury (i.e. aneurysm) within 12 months, multiple sclerosis, degenerative conditions, etc
- Medically stable
- Clearly identified rehab goals
- Have demonstrated recent progress in recovery/rehabilitation
- Live within the defined catchment area
- Under the care of a family physician
- Activity tolerance sufficient for 1 hr of transportation and approx. 3 hr program (less for single service referral)
- Caregiver able to attend program with participant if participant requires more than 1 person's assistance for toileting
- Not under the influence of alcohol or drugs while attending the program
- Behaviour must not pose a risk to self or others (e.g. aggressive behaviour)

FAX Referral, copies of all Discharge Summaries, Assessment Reports, Medication Reconciliation to

905-848-7537 Attention: Trillium Outpatient Neuro Rehab Centre (Phone: 905-848-7580 x2474)