



Halton Healthcare

Oakville Trafalgar Memorial Hospital
3001 Hospital Gate, Oakville, ON, L6M 0L8
Phone: (905) 338-4367 Fax: (905) 815-5134

Referral for Outpatient Neuro Rehab Step-Up Program

Patient identification stamp

H.C.#

Inpts only: date of D/C and name of facility: _____

Name: _____ D.O.B: _____ Male: Female:

Tel: _____ Cell: _____ Alternate contact: _____

Referring Diagnosis: _____ Date of event: _____

Cardiac history? Y N If yes, list restrictions: _____

Any other ongoing medical Rx? i.e. chemo/radiation: _____

Past Medical History: _____

Other contraindications/complications/precautions: _____

List referrals made to other facilities: _____

Treatment Goals:

PT: _____

OT: _____

SLP: _____

Names of Therapists: _____ Tel: _____

Please provide
d/c summaries/
physician reports
where possible.

Physician's Signature: _____ Date: _____
(required)

Physician name (print) or stamp: _____ Phone: _____

Please note

**This is a multidisciplinary program. Patients will be assessed and treated at the discretion of the therapists.
Patient is responsible for arranging transportation to and from the program.**