



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

Rehabilitation Services Referral for Outpatient NeuroRehab Step-Up / Assess & Restore Program

In-Patient Only:

Date of Discharge: _____

Name of Facility: _____

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

Primary Phone #: _____ Alternate Contact Name: _____ #: _____

Referring Diagnosis: _____ Date of Event: _____

Duration of Symptoms: ☐ 0 – 6 months ☐ 6 – 12 months Risk for Falls: ☐ Yes ☐ No

Cardiac History: ☐ Yes ☐ No Treatment Restrictions/Precautions: ☐ Yes ☐ No If Yes, list: _____

Lives Alone: ☐ Yes ☐ No ☐ Supported Living Ongoing medical treatments (e.g., chemo/radiation): ☐ Yes ☐ No

Past Medical History: _____

List referrals made to other facilities: _____

Priority Level: List any recently acquired, functional deficit(s) needing assessment, consultation and/or treatment from
(1, 2 or 3) at least 2 of the 4 disciplines of:

☐ PT (e.g., ambulation, balance, strength/ROM/motor control of LE) (excluding acute, complex spinal cord injuries):

☐ OT (e.g., strength/ROM/motor control of UE, cognition, perception, ADLs) (excluding dementia-only diagnoses):

☐ SLP (e.g., language, motor speech, cognitive communication, swallowing) (excluding new onset dysphagia and/or
requiring videofluoroscopy):

☐ SW - Stroke Only Diagnosis (i.e. access to resources, mental/emotional health, grief/loss, trauma, social isolation, safety
concerns and ineffective coping skills):

Please provide discharge summaries/physician reports where possible

Name(s) of Referring Healthcare Professional(s): _____

Phone: _____

Referring Physician's Name/Stamp: _____ Family Physician (if different): _____

Referring Physician's Signature: _____ Date: _____

* Please Note *

- This constitutes referral to a multidisciplinary program (PT, OT, SLP and SW). Clients will be assessed and treated by the referred discipline(s) first. Other disciplines may be added within the program if deemed necessary and with the client's consent.
- **Exclusion criteria:** living in LTC; living outside of the MH LHIN; under 18 years of age; maintenance therapy
- Patient is responsible for arranging transportation to and from the program.