Halton Healthcare

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

ADDRESSOGRAPH / LABEL

In-Patient Only:

Date of Discharge:_____

Name of Facility: _____

Rehabilitation Services

Referral for Outpatient NeuroRehabilitation Step-Up Program

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

Telephone: _____ Cell:_____

Alternate Contact - Name:_____ Telephone: _____

Referring Diagnosis: _____ Date of event: _____

Cardiac history? ❒ Yes ❒ No If Yes, list restrictions: _____

Any other on-going medical treatments?(e.g., chemotherapy /radiation): _____

Past Medical History: _____

_____

Other contraindications/complications/precautions: _____

List referrals made to other facilities: _____

Treatment Goals:

- PT: _____
- OT: _____
- SLP: _____

Please provide Discharge Summaries / Physician Reports where possible

Names of Therapists: _____ Phone: _____

_____ _____

_____ _____

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

Physician's Name/Stamp: _____ Phone: _____
(print)

*** Please Note ***

- This constitutes referral to a multidisciplinary program. Patients will be assessed and treated by the appropriate discipline or disciplines within the program.
- Patient is responsible for arranging transportation to and from the program.