PROVIDENCE
UNITY HEALTH TORONTO

Caring hearts. Leading minds.

Providence Healthcare Admissions Office
3276 St. Clair Ave. E. Toronto, ON M1L 1W1
Tel: (416) 285-3744
Fax: (416) 285-3759

Referral Date: ___________________

Outpatient Post-COVID Condition Rehabilitation Program Referral

Referrals will only be accepted from **physicians or nurse practitioners** for:

- Individuals confirmed to have been COVID-19 positive OR individuals who were symptomatic between January-May 2020 but did NOT have access to a COVID-19 test.
- Patient must be aware of and consent to this referral, and to attend appointments and investigations.
- Patient must be medically stable. This referral is NOT for cases requiring urgent care.

NOTE: This referral will be triaged to the most appropriate team members based on information received (see page 3 for available services). We will inform patients of any scheduled appointments. If you require further support or have questions regarding your post-COVID patient, please request advice from the Admissions Office at (416) 285-3744.

PATIENT INFORMATION	**ALTERNATE CONTACT**
Name of Patient: ____________________, ____________________ *(Last Name)* *(First Name)*	Name: Relationship to Patient:
Age:	Telephone: ( ) -
Date of Birth:	**FAMILY PHYSICIAN**
Health Card #: Version Code:	Name:
Address: ____________________, __________, _____, _________ *(# and street)* *(City)* *(Prov.)* *(Postal Code)*	Telephone: ( ) - Fax: ( ) -
Telephone: ( ) -	Family MD is the same as referral source
Email address:	**COVID-19 SPECIFIC DATA**
Contact patient directly for appointment? YES NO	Date of Symptom Onset:
Is an interpreter required? YES (Language: ____________) NO	Date of 1st positive COVID-19 test (if applicable):
Relevant Medical History:	Patient admitted to hospital? YES NO If yes: Date of admission: ____________________ Date of discharge: ____________________
	ICU admission: YES (Duration: ____ days) NO Intubation: YES (Duration: ____ days) NO
	Does the patient currently require supplemental oxygen? YES (____ L/min) NO
REHABILITATION GOALS AND CONCERNS:	**REFERRAL INFORMATION**
	Referring Physician: ________________________________ *(If not family physician)* *(Name and Specialty, if applicable)*
	Organization:
	Telephone: ( ) - ________ Fax: ( ) - ________
	Billing #:
Please include with this form: Consultation/discharge notes (e.g. OT, PT, SLP, SW, MD, etc.) Medication List Post COVID Symptom Checklist (Appendix A)	Signature:

Patient Name:______________________
Birthdate:______________________

Appendix A: Post COVID Symptom Checklist

Sample Script: The next part of the survey we will be discussing any symptoms you are currently experiencing **as a result of COVID-19**. The symptoms are divided into categories which will help us determine how to best support your recovery. If you have no symptoms in a category, please indicate N/A and we will move on to the next section. If you are unsure, we will ask more detailed questions. For each question, please indicate if your symptoms are worse, the same or better ***than before your illness***.

Cardiorespiratory Symptoms? ☒ Yes ☐ N/A ☐ Unsure	
Shortness of breath at rest? ☐ N/A	☐ Worse ☐ Same ☐ Better
Shortness of breath with activity? ☐ N/A	☐ Worse ☐ Same ☐ Better
Lingering cough or noisy breathing? ☐ N/A	☐ Worse ☐ Same ☐ Better
Chest pain at rest? ☐ N/A	☐ Worse ☐ Same ☐ Better
Chest pain with activity? ☐ N/A	☐ Worse ☐ Same ☐ Better
Dizziness, fainting or loss of consciousness? ☐ N/A	☐ Worse ☐ Same ☐ Better

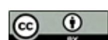
Musculoskeletal Symptoms? ☐ Yes ☐ N/A ☐ Unsure	
Generalized muscle weakness? ☐ N/A	☐ Worse ☐ Same ☐ Better
Muscle or joint pain? ☐ N/A	☐ Worse ☐ Same ☐ Better
Difficulty walking? ☐ N/A	☐ Worse ☐ Same ☐ Better
Difficulty doing own washing & dressing? ☐ N/A	☐ Worse ☐ Same ☐ Better
Difficulty doing your usual activities (i.e. leisure or work)? ☐ N/A	☐ Worse ☐ Same ☐ Better

Mood Related Symptoms? ☐ Yes ☐ N/A ☐ Unsure	
Experiencing anxiety? ☐ N/A	☐ Worse ☐ Same ☐ Better
Experiencing depression? ☐ N/A	☐ Worse ☐ Same ☐ Better

Neurological Symptoms? ☐ Yes ☐ N/A ☐ Unsure	
Difficulty controlling the movement of your body? ☐ N/A	☐ Worse ☐ Same ☐ Better
Difficulty eating, drinking or swallowing (i.e. uncoordinated, slow, painful, choking, coughing)? ☐ N/A	☐ Worse ☐ Same ☐ Better
Difficulty speaking (e.g. voice changes, formulating explanations, etc.)? ☐ N/A	☐ Worse ☐ Same ☐ Better
Difficulty controlling your: Bowels? ☐ N/A	☐ Worse ☐ Same ☐ Better
Difficulty controlling your: Bladder? ☐ N/A	☐ Worse ☐ Same ☐ Better
Issues with concentration, thinking or memory? ☐ N/A	☐ Worse ☐ Same ☐ Better
Difficulty hearing? ☐ N/A	☐ Worse ☐ Same ☐ Better
Difficulty seeing? ☐ N/A	☐ Worse ☐ Same ☐ Better

Other Symptoms? ☐ Yes ☐ N/A ☐ Unsure	
Extreme fatigue/exhaustion? ☐ N/A	☐ Worse ☐ Same ☐ Better
Worse after physical or mental activity?	☐Yes ☐ No
Have you lost your taste or sense of smell?	☐Yes ☐ No
Have you been eating less than usual for more than 1 week?	☐Yes ☐ No
Have you lost or gained a significant amount of weight without trying?	☐Yes ☐ No ☐Lost ☐ Gained
Issues with pain or discomfort? ☐ N/A	☐ Worse ☐ Same ☐ Better
Difficulty sleeping? ☐ N/A	☐ Worse ☐ Same ☐ Better
Headaches? ☐ N/A	☐ Worse ☐ Same ☐ Better

* Upon completion, providers should ask clients about additional symptoms that may have been missed.


Adapted from: Sivan M, Halpin S, Gee J. Assessing long term rehabilitation needs in COVID-19 survivors using a telephone screening tool (C19-YRS tool). ACNR. 2020; 19 (4): 14-7.
doi: https://doi.org/10.47795/NELE5960 is used under CC BY 4.0.

What we do:

You have been referred to us by your healthcare team. Our program provides outpatient virtual and/or in-person rehabilitation services to help you continue with your recovery.

It is common for people who have symptoms of COVID-19 to experience medical, physical and psychological effects. These effects can make returning to usual daily activities difficult.

The COVID-19 Outpatient Rehabilitation Program is a client-centred, holistic program that offers comprehensive assessment, mobility assessment, and treatment programs to individuals experiencing functional loss (dependence in activities of daily living), with identifiable rehabilitation goals post diagnosis of COVID-19. Our program helps people who have had COVID-19, are returning to their home/community, and continue to experience challenges with endurance, balance, thinking skills, speech and swallowing, managing difficult emotions, and other changes/concerns. We tailor our rehabilitation programs to your needs, bringing back function and providing adaptive strategies to maximize your independence.

What services are available:

The program will focus on maximizing your independence and safety while living in the community. Rehabilitation services could include Occupational Therapy, Physiotherapy, and Speech Language Pathology. Consultations may include Physiatry, Geriatric Medicine, Geriatric Psychiatry, Care of the Elderly Physician, Nursing, Social Work, Pharmacy, Dietician, Respiratory Therapy, and Therapeutic Recreation. Another key component of the program is group education (delivered virtually), covering relevant topics pertaining to the ongoing management of Post-COVID Condition. You may also be connected with other professionals/services as needed.

Our team focuses on your goals and gives you guidance to self-manage ongoing challenges. Start thinking about rehab goals and write down things you are finding difficult from day to day. It is helpful to bring this information with you to your first appointment, to discuss with your healthcare team.

What you should expect:

- During your first visit you will meet with our Occupational Therapist and Physiotherapist.
- During your first 2 weeks, the team will complete assessments with you to develop goals and a care plan.
- The length of stay in our program is between 2 – 12 weeks, depending on your goals and how much you are benefiting from the program
- You will be seen for virtual and/or in-person visits by the team as necessary until discharge.

About Virtual Rehabilitation:

Virtual rehabilitation is the use of technology to allow you and our team to connect via secure video or telephone. We are working very hard to ensure that you will receive high quality care, though please expect challenges along the way as this is a new program and a new way of providing therapy.

Barriers to engaging in virtual care will be considered on an individual basis at intake assessment and service delivery adapted accordingly.

Your privacy is important. Our Virtual Rehabilitation uses a secure platform called Zoom. This platform ensures the privacy and security of your personal health information at all times.