

Community Referral Form

STEP 1: Service Requ	ested (refer to page 2 f	for service description	ns)					
· ·		•		ed service if more appropriate				
In-patient Rehab ☐ Geriatric & Medical ☐ Orthopaedic & Amputee ☐ Stroke and Neuro								
Out-patient Rehab ☐ Falls Prevention ☐ Orthopaedic & Amputee ☐ Amputee Clinic ☐ Stroke & Neuro Specialized Geriatric Services ☐ Geriatric Medicine Assessment ☐ Geriatric Psychiatry ☐ Community Outreach								
STEP 2: Client Inform								
Name of Patient:,,,			DOB:					
	Last name	Firs	st Name	mm/dd/yy				
Address:				Gender:				
Patient's Phone #:		Heal	lth Card #:					
Emergency Contact:		Relation:		Telephone:				
				tment: Client Emergency Contact				
	English ☐ Other (specif			ζ ,				
Client Status: ☐ Hom	ne (homebound: yes 🗆	no □) □ Inpatient (Di	ischarge Date:) 🗆 ER				
Mobility/Ambulation	: □ Independent □ Ass	sistance		Mobility device				
TEP 3: Main Concer	ns/ Diagnosis:			Required				
				Supporting				
				Documentation:				
				☐ Medical History				
				☐ Relevant Assessments/ Care				
Medical:	Cognitive/	Psychosocial:	Functiona					
☐ Medication	Behavioral:	☐ Social	☐ Falls	☐ Diagnostics up to a year ago				
☐ Swallowing	☐ Depression	Isolation	☐ Mobilit					
☐ Weight loss	☐ Responsive	☐ Caregiver	☐ Speech	(31) 11111,71 147, 33, 2423,				
□ Wound	Behaviours	Burnout	☐ ADLs	Specialist Reports				
☐ Pain		☐ Abuse	☐ Other					
☐ Incontinence	☐ Delusion/	☐ Housing	(specify)	☐ Medication list				
☐Recurrent ED	Hallucination	Concerns						
visits	☐ Cognitive	☐ Financial						
	Impairment	Issues						
STEP 4: Referral Sou	rce			\square Family MD is the same as referral source				
Name: Billing #:			5 11 145					
				Family MD:				
Organization:				Phone #:				
				- Hone III				
Telephone: Fax:			Fax #:					
Signature:	Da							

If unsure or if you would like to discuss the application, please contact Admissions at: <u>416-285-3744.</u> Please FAX the checklist and accompanying documentation to Admissions at <u>416-285-3759.</u>



Providence Healthcare Services – Referral Guide

In-Patient Rehabilitation * Referrals must be completed by a physician and/or NP

*Geriatric and
Medical,
Orthopaedic
and Amputee,
Stroke and
Neuro

- Specialized, time-limited, programs post hospitalization or acute functional change
- Inter-professional teams including Nurses, Occupational Therapists, Physiotherapists, Therapeutic Recreationists, Social Workers, Dietitians, Speech Language Pathologists, Pharmacists and Physicians (Physiatry, Geriatrician, Geriatric Psychiatry consult available).
- Follow referral pathway for diagnosis Eg. RM&R/eStroke or GTA Rehab Network Referral form

Hospital-Based Outpatient Rehabilitation * Referrals must be completed by a physician and/or NP

поѕрітаі-ваѕей	Outpatient Renabilitation * Referrals must be completed by a physician and/or NP				
*Falls	Out-patient rehab for individuals with a functional loss and identifiable rehabilitation goals.				
Prevention	Services include occupational therapy and physiotherapy, social work, pharmacy, and dietician				
Clinic	• Usual program is 6 weeks, 1x/week with homework; program is individualized to each patient				
Cillic	Geriatric Medicine consult is available if identified as needed on initial assessment				
	<u>Exclusion Criteri</u> a				
	Client has been referred to or is receiving other public OT or PT treatment or is in LTC				
	Patients who require more than 1 person assistance to mobilize				
	Patients with impaired cognition such that they are unable to reliably follow instruction				
*Orthopaedic	Out-patient rehab for individuals with an acute musculoskeletal diagnosis (within 6 months)				
and Amputee	Services include occupational therapy, physiotherapy and nursing				
Program	Common clients; those with fractures, joint replacements and lower extremity amputations				
110614111	Exclusion Criteria				
	Client has been referred to or is receiving other public OT or PT treatment or is in LTC				
	Patients who require more than 1 person assistance to mobilize				
	Has already received rehabilitation for current diagnosis.				
*Amputee	Physician led multidisciplinary out-patient clinic (occupational therapy, physiotherapy, nursing and				
Clinic	physician) for individuals who want to be considered for a lower extremity prosthetic.				
	For individuals with recent amputation or remote lower extremity amputation plus discontinued				
	contact with previous amputee service				
*Stroke and	Out-patient rehab for individuals with an acute stroke/neurological diagnosis (within 6 months)				
Neuro Program	Time limited, goal driven therapy to achieve functional gains.				
	Services include occupational therapy, physiotherapy, speech language pathology, social work,				
	therapeutic recreation and nursing				
	Exclusion Criteria				
	Client has been referred to or is receiving community stroke pathway services or is in LTC				
	Has already received rehabilitation for current diagnosis.				

Specialized Geriatric Services * Referrals must be completed by a physician and/or NP

**Referrals must fall in catchment https://rgptoronto.ca/services/map/

*, **Geriatric	Comprehensive assessment by a geriatrician (nursing and	Exclusion Criteria		
Medicine	pharmacy included)	Under 65 without		
	Common referral reasons: complex medical problems and	comprehensive geriatric		
	polypharmacy, cognitive impairment, functional decline, frailty	conditions or with mental		
*, **Geriatric	Assessment and consultation by a geriatric psychiatrist	health condition without		
Psychiatry Clinic	Home visits may be arranged for homebound individuals	complications related to		
, ,	Common referral reasons: depression, anxiety, agitation,	aging		
	aggression, delusions, hallucinations	Those requiring acute or		
**Community	Comprehensive inter-professional home-based assessment with	emergency medical		
Outreach	recommendations or community referrals made (team includes	services		
	Occupational Therapist, Social Worker and Pharmacist access)	Those outside our		
	Appropriate for geriatric clients with multiple complex medical,	catchment		
	functional, and psycho-social conditions who have had a recent			
	functional decline or are struggling in the community			