

# Community Referral Form

**STEP 1: Service Requested (refer to page 2 for service descriptions)**

*Please note - Applications will be reviewed and may be redirected to another listed 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 Information

Name of Patient: \_\_\_\_\_, \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last name First Name mm/dd/yy*

Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient's Phone #: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Client consents to this referral? ☐ Yes      Contact to arrange appointment: ☐ Client ☐ Emergency Contact

Client's Language: ☐ English ☐ Other (specify) \_\_\_\_\_

Client Status: ☐ Home (homebound: yes ☐ no ☐) ☐ Inpatient (Discharge Date: \_\_\_\_\_) ☐ ER

Mobility/Ambulation: ☐ Independent ☐ Assistance \_\_\_\_\_ ☐ Mobility device \_\_\_\_\_

**STEP 3: Main Concerns/ Diagnosis:**

Required
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**Supporting Documentation:**

☐ Medical History☐ Relevant Assessments/ Care plans (MD, NP, PT, OT,SW)

- ☐ Diagnostics up to a year ago (CT, MRI, X-ray, US, Labs)

☐ Relevant Consultation/  
Specialist Reports

☐ Medication list**Medical:**

- ☐ Medication
- ☐ Swallowing
- ☐ Weight loss
- ☐ Wound
- ☐ Pain
- ☐ Incontinence
- ☐ Recurrent ED visits

## Cognitive/

**Behavioral:**

- ☐ Depression
- ☐ Responsive Behaviours
- ☐ Delusion/Hallucination
- ☐ Cognitive Impairment

**Psychosocial:**

- ☐ Social Isolation
- ☐ Caregiver Burnout
- ☐ Abuse
- ☐ Housing Concerns
- ☐ Financial Issues

**Functional:**

☐ Falls  
☐ Mobility  
☐ Speech  
☐ ADLs  
☐ Other  
(specify)

#### STEP 4: Referral Source

Name: \_\_\_\_\_ Billing #: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone: Fax:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Family MD is the same as referral source

Family MD: \_\_\_\_\_

Phone #:

Fax #: \_\_\_\_\_

If unsure or if you would like to discuss the application, please contact Admissions at: **416-285-3744**.

Please FAX the checklist and accompanying documentation to Admissions at **416-285-3759**.

## Providence Healthcare Services – Referral Guide

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

<b>*Geriatric and Medical, Orthopaedic and Amputee, Stroke and Neuro</b>	<ul style="list-style-type: none"> <li>Specialized, time-limited, programs post hospitalization or acute functional change</li> <li>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).</li> <li>Follow referral pathway for diagnosis Eg. RM&amp;R/eStroke or GTA Rehab Network Referral form</li> </ul>
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### Hospital-Based Outpatient Rehabilitation *\* Referrals must be completed by a physician and/or NP*

<b>*Falls Prevention Clinic</b>	<ul style="list-style-type: none"> <li>Out-patient rehab for individuals with a functional loss and identifiable rehabilitation goals.</li> <li>Services include occupational therapy and physiotherapy, social work, pharmacy, and dietician</li> <li>Usual program is 6 weeks, 1x/week with homework; program is individualized to each patient</li> </ul> <p><b>Exclusion Criteria</b></p> <ul style="list-style-type: none"> <li>Client has been referred to or is receiving other public OT or PT treatment or is in LTC</li> <li>Patients who require more than 1 person assistance to mobilize</li> <li>Patients with impaired cognition such that they are unable to reliably follow instruction</li> </ul>
<b>*Orthopaedic and Amputee Program</b>	<ul style="list-style-type: none"> <li>Out-patient rehab for individuals with an acute musculoskeletal diagnosis (within 6 months)</li> <li>Services include occupational therapy, physiotherapy and nursing</li> <li>Common clients; those with fractures, joint replacements and lower extremity amputations</li> </ul> <p><b>Exclusion Criteria</b></p> <ul style="list-style-type: none"> <li>Client has been referred to or is receiving other public OT or PT treatment or is in LTC</li> <li>Patients who require more than 1 person assistance to mobilize</li> <li>Has already received rehabilitation for current diagnosis.</li> </ul>
<b>*Amputee Clinic</b>	<ul style="list-style-type: none"> <li>Physician led multidisciplinary out-patient clinic (occupational therapy, physiotherapy, nursing and physician) for individuals who want to be considered for a lower extremity prosthetic.</li> <li>For individuals with recent amputation or remote lower extremity amputation plus discontinued contact with previous amputee service</li> </ul>
<b>*Stroke and Neuro Program</b>	<ul style="list-style-type: none"> <li>Out-patient rehab for individuals with an acute stroke/neurological diagnosis (within 6 months) Time limited, goal driven therapy to achieve functional gains.</li> <li>Services include occupational therapy, physiotherapy, speech language pathology, social work, therapeutic recreation and nursing</li> </ul> <p><b>Exclusion Criteria</b></p> <ul style="list-style-type: none"> <li>Client has been referred to or is receiving community stroke pathway services or is in LTC</li> <li>Has already received rehabilitation for current diagnosis.</li> </ul>

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

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

<b>*, **Geriatric Medicine</b>	<ul style="list-style-type: none"> <li>Comprehensive assessment by a geriatrician (nursing and pharmacy included)</li> <li>Common referral reasons: complex medical problems and polypharmacy, cognitive impairment, functional decline, frailty</li> </ul>	<p><b>Exclusion Criteria</b></p> <ul style="list-style-type: none"> <li>Under 65 without comprehensive geriatric conditions or with mental health condition without complications related to aging</li> <li>Those requiring acute or emergency medical services</li> <li>Those outside our catchment</li> </ul>
<b>*, **Geriatric Psychiatry Clinic</b>	<ul style="list-style-type: none"> <li>Assessment and consultation by a geriatric psychiatrist</li> <li>Home visits may be arranged for homebound individuals</li> <li>Common referral reasons: depression, anxiety, agitation, aggression, delusions, hallucinations</li> </ul>	
<b>**Community Outreach</b>	<ul style="list-style-type: none"> <li>Comprehensive inter-professional home-based assessment with recommendations or community referrals made (team includes Occupational Therapist, Social Worker and Pharmacist access)</li> <li>Appropriate for geriatric clients with multiple complex medical, functional, and psycho-social conditions who have had a recent functional decline or are struggling in the community</li> </ul>	