

OUTPATIENT REHABILITATION SERVICES REFERRAL FORM

Send by **Fax** to 519-767-4160 or by **mail** to: Outpatient Rehab, 100 Westmount Road, Guelph, ON N1H 5H8

Patient Eligibility Criteria:

Clients must be referred by a physician or nurse practitioner based on findings of an assessment that physiotherapy services are required. Hold a valid Health card number, medically stable, motivated to participate, demonstrate sufficient cognitive skills to participate in goal setting and able to integrate new learning into daily life, no acute psychiatric issues limiting the patient's ability to safely participate in the program.

Additionally the client must meet one of the following categories:

- ✓ 65 years and older
- ✓ Youth (0-19 years of age)
- ✓ Patients requiring physiotherapy services for an acute condition post hospitalization within an Acute Care or Inpatient Rehab Hospital and referred by a staff physician upon a patient's discharge from the hospital
- ✓ Post Surgery with reduced physical function and mobility
- ✓ Post Fractures / Dislocations
- ✓ High Falls Risks

Client Name: _____

Home Phone: _____

Date of Birth: _____
(dd/mm/yyyy)

Cell Phone: _____

Address: _____

Work Phone: _____

Alternate Contact: _____

Health card #: _____

Relationship to Alt. Contact: _____

Referring Diagnosis: _____

Surgery date: _____

Hospital Discharge Date: _____

Physiotherapy

Occupational Therapy

- Musculoskeletal
- COPD Rehab
- Neuro/CVA

- Falls
- Amputee
- SJHCG referral

- Neuro/CVA
- Hands/splinting

Please check to indicate which of the following services have been initiated:

- CCAC : __ PT, __ OT, __, SLP, __ PSW
- Stroke Recovery Association
- Community Programs _____
- Guelph Mobility/Transportation services

- Lifeline
- Vision Screening
- Neuropsychological Assessment

Referring Physician/Nurse Practitioner: _____

Phone: _____

Fax: _____

Family Physician: _____

Phone: _____

Fax: _____

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