Perth and Smiths Falls District Hospital

Day Hospital Referral Form

ADMISSION CRITERIA:
- ✓ Meets diagnostic group (see below).
- ✓ Physician/nurse practitioner referral required.
- ✓ Transportation to and from Day Hospital.
- ✓ 18 years or older.
- ✓ Ability to tolerate 90 minutes minimum of therapy and the commute to and from home.
- ✓ Requires 2+ therapies (Patients requiring only 1 therapy should be referred directly to the appropriate outpatient therapy).
- ✓ Demonstrated ability to learn, carry over information, and willingness to participate in rehabilitation goals and interventions.
- ✓ Medically stable.
- ✓ Manageable continence (if assistance is needed with toileting, caregiver must attend with patient).
- ✓ Adhere to Day Hospital attendance policy.
- ✓ Initial Prosthetic Gait Training for clients with new amputation
- ✓ Must have had a new event/procedure which has resulted in change in condition in the last 6 months for a re-referral

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Patient Name: _____ **Date of Birth:** _____

Patient Address: _____ **Phone Number:** _____

Contact person and phone # (if needed): _____

Date of onset of diagnosis: _____ **Expected Discharge date:** _____

Reason for Referral: _____

Diagnostic group:

❑ Stroke   ❑ Amputation   ❑ Neurological (specify): _____

Therapy Services:
❑ Physiotherapy   ❑ Occupational Therapy   ❑ Speech Language Pathology

Driving

Has the client been advised not to drive?   Yes ☐   No ☐   Until when? _____

Has the Ministry of Transportation been notified that patient has a medical condition that may affect their ability to drive?   Yes ☐   No ☐

Most Responsible Physician name: _____ **Date:** _____

MRP signature: _____

For referrals from providers not linked to MEDITECH please send the following to 613-267-7618:

• All relevant investigations/ test (CT, MRI, US, ECH)	• Most recent history and physical assessment
• All recent laboratory investigations (lipids profile, HBA1c)	• Current list of medication
• All relevant health professional notes (OT, PT, SLP, SW, RD)	• Physician Discharge Summary
• All relevant cognitive/perceptual testing	• Psychiatry and/or Psychology Summaries