Perth and Smiths Falls District Hospital

Attach Label or fill out
Name: _____
Hospital Number: _____
Phone Number: _____

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).
- ✓ 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

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 CERNER please send the following to 613-267-7618:	
• All relevant investigations/ test (CT, MRI, US, ECH) • All recent laboratory investigations (lipids profile, HBA1c) • All relevant health professional notes (OT, PT, SLP, SW, RD) • All relevant cognitive/perceptual testing	• Most recent history and physical assessment • Current list of medications • Physician Discharge Summary • Psychiatry and/or Psychology Summaries