



Patient Name/MR#:

Referral Contact Phone #:

Parkwood Institute is a smoke-free facility. This means there will be no smoking indoors or outdoors on the Parkwood Institute property, including in parking lots. Patients will not be able to leave the building to smoke and will receive the necessary support to abstain from smoking during their admission.

PROGRAM REQUESTED (SELECT ONE)

Complex Continuing Care

- Short Term Complex Medical
 Long Term Complex Medical

Rehab

- Acquired Brain Injury
 Spinal Cord Injury
 Stroke/Neuro

Specialized Geriatric Services

- MSK Rehab
 Geriatric Rehab Unit

Before submitting referral, please ensure:

- Smoke free policy has been reviewed with patient
 Most recent/updated progress notes available in Cerner (if no, please send)
 History & Physical notes updated in Cerner (if no, please send)

HEALTH CARE DECISION MAKING:

Power or Attorney for Personal Care (if not in place identify SDM for Personal Care)

Name: Home Phone Bus/cell #

Has the patient and/or SDM been made aware of this referral? Yes No

ELIGIBILITY CRITERIA – Must be completed:

Valid OHIP Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Restorative potential	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medically/Surgically Stable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identified goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Able, willing and motivated to participate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Care needs cannot otherwise be met in the community	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavioural Plan Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CURRENT ADMISSION PROFILE:

Primary Medical Diagnosis	Surgical Interventions/Procedures	Complications

Additional Information (smoker, substance use disorder, relevant social history):

Language of Preference / Cultural Preferences:

REHABILITATION GOALS

PROPOSED DISCHARGE PLAN

FUNCTION I=Independent S=Supervision minA=Minimal Assist modA=Moderate Assist maxA=Max Assist D=Dependent

Sitting Tolerance Activity Tolerance
 Bathing Toileting
 Dressing Transfers
 Feeding Ambulation Distance:

RESTRICTIONS Collar Splints Braces Weight Bearing Restrictions

Equipment: Wheelchair Tilt Bariatric Standard AFO

Alpha FIM Score (required for Stroke patients only): _____

COGNITION (I=INTACT, D=DIMINISHED)

Ability to use call bell? Yes No
 Orientation (person, place, time) Carry-over/New Learning
 Ability to follow instructions Insight/Judgment

If available: MOCA _____ MMSE _____ Communication barriers/needs _____

Please check if any of the following are present:

Delirium Resistant Behaviours Verbal Aggression Physical Aggression Physical Restraints
 Behaviour Management Strategies (attach plan if applicable): _____ Wandering behaviours/exit seeking

Bipap/Cpap: Yes Please attach information sheet New Established (patient must bring to Parkwood) Yes

CARE NEEDS **only required if referral is not from Cerner hospital

Ostomy: Yes New Product types and #'s: _____

Diet: If not in Cerner: Type: _____ Diet Texture: _____

Tube Feed: If not in Cerner: Type: _____ Rate: _____

Swallowing: Intact Impaired MBS completed: Yes (attach if not in Cerner)

Wound(s): Yes Type and Location: _____

Treatment (if complex attach plan): _____

Drains/Tubes: Yes Type and Protocol: _____

IV: Yes Peripheral Central Line Type: _____ Location: _____

Pain: Yes Acute Chronic Location: _____

Dialysis: Yes Type: _____ Schedule: _____

Oncology Treatment: Chemotherapy Radiation Other

Oxygen: Yes Flow Rate: _____ Delivery method: _____

Humidified air: Yes Flow Rate: _____ Delivery method: _____ Prior Home Oxygen: Yes



Please email or fax to 519-685-4804 along with documents not available in Cerner.