



Oakville Trafalgar Memorial Hospital
 3001 Hospital Gate, Oakville, ON, L6M 0L8
 Phone: (905) 338-4367 Fax: (905) 815-5134

Rehabilitation Services
Referral for Outpatient
NeuroRehabilitation
Step-Up Program

ADDRESSOGRAPH / LABEL

In-Patient Only:

Date of Discharge: _____

Name of Facility: _____

Name: _____ D.O.B: _____ Male Female

Telephone: _____ Cell: _____

Alternate Contact - Name: _____ Telephone: _____

Referring Diagnosis: _____ Date of event: _____

Cardiac history? Yes No If Yes, list restrictions: _____

Any other on-going medical treatments?(e.g., chemotherapy /radiation): _____

Past Medical History: _____

Other contraindications/complications/precautions: _____

List referrals made to other facilities: _____

Treatment Goals:

➤ PT: _____

➤ OT: _____

➤ SLP: _____

Please provide Discharge Summaries / Physician Reports where possible

Names of Therapists: _____ Phone: _____

Physician's Signature: _____ Date: _____
 (required)

Physician's Name/Stamp: _____ Phone: _____
 (print)

*** Please Note ***

- ◆ This constitutes referral to a multidisciplinary program. Patients will be assessed and treated by the appropriate discipline or disciplines within the program.
- ◆ Patient is responsible for arranging transportation to and from the program.

