Sunnybrook
ST. JOHN'S REHAB

OUTPATIENT SERVICES
Referral Form

285 Cummer Avenue, Toronto, ON M2M 2G1
Tel: 416-224-6948 | Fax: 416-226-3358
www.sunnybrook.ca/stjohnsrehab

*****PLEASE PROVIDE, AS PART OF YOUR *REFERRAL*, RELEVANT MEDICAL/THERAPY REPORTS*****
*****TRANSPORTATION MUST BE ARRANGED BY PATIENT OR CAREGIVERS*****

PATIENT'S NAME:	D.O.B.:	OHIP NUMBER: (Include Version Code)	
PATIENT'S ADDRESS:		PHONE #:	
CAREGIVER NAME/CONTACT INFO:		LANGUAGES: REQUIRES INTERPRETER: ○ YES	○ MALE ○ FEMALE
PRESENTLY IN HOSPITAL ○ NO ○ YES	ROOM NUMBER:	DISCHARGE DATE:	

PROGRAM REQUIRED

○ AMPUTEE	○ BURNS	○ NEUROLOGY	○ ORGAN TRANSPLANT	○ ORTHOPAEDIC	○ TRAUMA
○ ONCOLOGY	○ WSIB WSIB CLAIM # :	○ M.V.C. M.V.C. CLAIM # :			

CURRENT PRIMARY DIAGNOSIS:_____

_____

DATE OF ONSET:_____

DATE OF SURGERY/TYPE_____

_____

WEIGHT BEARING STATUS:_____

_____

INSURANCE COMPANY NAME AND ADDRESS:	
ADJUSTER NAME:	PHONE #: FAX #:

ISOLATION: ○ NO ○ YES _____

MEDICAL HISTORY: ○ Cardiac Condition ○ Stroke ○ Diabetes ○ Hypertension ○ Pacemaker ○ Seizures

○ Vascular Disease ○ Arthritis (specify)_____ ○ Other_____

SERVICES REQUIRED: ○ Nursing ○ Occupational Therapy ○ Psychology ○ Physiatry ○ Physiotherapy

○ Social Work ○ Speech Language Pathology ○ Other_____

○ Falls Prevention Program (*includes an in-home Occupational Therapy and Pharmaceutical care assessment including medication reconciliation, a Physiotherapy Assessment for participation in a group exercise class, and an education class given by a Physiotherapist and Dietitian and a Social Worker Assessment)*

RELEVANT CLINICAL FINDINGS/REHABILITATION GOALS: (i.e. Prosthetic Provider, Cognitive Assessment)

PHYSICIAN'S ORDERS FOR NURSING:

REFERRING FACILITY:_____

REFERRING PHYSICIAN'S NAME/SIGNATURE:_____/_____

REFERRING PHYSICIAN'S PHONE #:_____ **FAX #:**_____

SURGEON/SPECIALIST'S NAME:_____ **FAX#:**_____

CLINICIAN'S NAME:_____ **DATE:** _____