



Rehabilitation Day Hospital Referral:

QHC Belleville Site

Attach Label or fill out

Name: _____

Hospital Number: _____

Phone Number: _____

ADMISSION CRITERIA:

- ✓ Meets diagnostic group (see below).
- ✓ Physician/nurse practitioner referral required.
- ✓ Transportation to and from RDH.
- ✓ 18 years or older.
- ✓ Ability to tolerate one hour minimum of therapy and the commute to and from home.
- ✓ 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 RDH attendance policy.
- ✓ Patients with an amputation must have a new prosthesis for gait training (consider LHIN out-patient clinics if no prosthesis).
- ✓ Must have had a new event/procedure which has resulted in change in condition in the last 3 months for a re-referral to RDH.

(Please Print)

Date of onset of diagnosis: _____

Referral source: _____

Expected Discharge date: _____

Most responsible physician's name: _____

Most responsible physician's signature: _____

Contact person and phone # (if needed): _____

Reason for Referral:

- RDH (see below)
- Respiratory Rehab – please refer to Respirologist for QHC Respiratory Assessment

Diagnostic group:

- Stroke
- Amputation
- Neurological

Services suggested and Goals:

- Physiotherapy _____
- Occupational therapy _____
- Speech & Language Therapy _____

Please attach or fax recent pertinent reports/history to (613) 969-9600