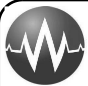

WOODSTOCK HOSPITAL
Woodstock, ON

INTENSIVE REHABILITATION OUTPATIENT PROGRAM REFERRAL FORM

PIN NUMBER | VISIT NUMBER

PATIENT LAST NAME | PATIENT 1ST NAME | PATIENT MIDDLE NAME

TELEPHONE

DOB MMM DD YYYY | AGE | SEX | ONT HEALTH CARD NUMBER

FAMILY PHYSICIAN

FOR OFFICE USE ONLY

Date received:________________ (mmm,dd,yyyy)	Date patient contacted:____________ (mmm,dd,yyyy)	Intake date:____________ (mmm,dd,yyyy)

CLIENT INFORMATION

Alternate contact: | Phone Number:

Does client consent to referral? ☐ Yes ☐ No | Translator required? ☐ Yes ☐ No

Name of person filling out this form: | Phone Number: | Fax Number:

Client currently resides at: ☐ Hospital ☐ Rehab Unit ☐ Long Term Care ☐ Community

Have referrals been made to other agencies / services? If so, please specify:

Expected Inpatient Discharge Date (if applicable):

Family Physician:	Phone Number:	Fax Number:
Referring Physician:	Phone Number:	Fax Number:

REFERRAL INFORMATION

PLEASE NOTE:The Intensive Rehabilitation Outpatient Program requires recent discharge notes i.e. Occupational Therapy (OT), Physiotherapy (PT), Speech Language Pathology (SLP), Recreation Therapy (Rec T), Social Worker (SW), Dietitian, and any relevant medical reports to accompany this referral. Please include the most recent Functional Independence Measure (FIM) score if available.

Referring Diagnosis:

Date of onset:

Hospitalization: History, test results related to referring diagnosis: ☐ See attached

Relevant medical history (include if history of seizures, Vancomycin Resistant Enterococcus (VRE) or Methicillin Resistant Staphylococcus Aureus (MRSA), allergies, etc.): ☐ See attached

Medications / Dosages: ☐ See attached

A minimum of 2 services are required for admission to the IROP program.

Requested Services: ☐ PT ☐ OT ☐ SLP ☐ SW ☐ Rec Therapy ☐ Physiatrist ☐ Dietitian

REHABILITATION GOALS (Expected outcomes, i.e. independent tub transfers , etc.)

Referring Physician's Signature (required): | **Date (mmddyyyy):**

FAX COMPLETED FORM TO 519–421–4258 | **ANY QUESTIONS CALL: 519–421–4206**