Quinte Health

Attach Label or fill out
Name: _____
Hospital Number: _____
Phone Number: _____

Rehabilitation Day Hospital Referral:

Belleville General Hospital

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).
- ✓ 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 and fax recent pertinent reports and therapy notes to (613) 969-9600

May 2023