ABI Inpatient Rehab Referral Cover Sheet

Please complete this fax cover sheet along with:

- ☐ GTA Rehab Network Integrated Acute Care to Inpatient Rehab/CCC Referral Form
- ☐ **Most recent Allied Health documentation (e.g., OT, PT reports)**
- ☐ **Most recent Medical Administration Record (MAR)**

Fax to the Toronto ABI Network office at 416-634-8286.

Sender's name:_____ Phone number:_____ Ext:_____

Organization: _____

Date: _____

Please indicate the Inpatient ABI Rehab referral destination: (Please check all that apply)

HTSD / Regular stream

- ☐ Hennick Bridgepoint Hospital/Sinai Health
- ☐ Toronto Rehab/UHN
- ☐ West Park Healthcare Centre/UHN

LTLD / slow stream

- ☐ Hennick Bridgepoint Hospital/Sinai Health
- ☐ Toronto Rehab/UHN (located on a non-ABI unit)

☐ Either HTSD or LTLD/Slow stream (Receiving facility to determine)

☐ ABI Behavioural Inpatient Services – West Park Healthcare Centre/UHN

***Important* Referrers please review the following:**
Participation level information **must** be included on the referral form. This information is to be based on what the acute care team thinks the patient could tolerate, not what is currently offered.

- HTSD/regular stream = 2-3 therapy sessions / day, 5-6 times / week for 45-60 minutes
- LTLD/slow stream = 1-2 therapy sessions / day, 4-5 times / week for 30 minutes (*minimum*)

Comments:

Total number of pages (including cover): _____ pages