Parkwood Institute
Main Building
Inpatient Referral Form

Addressograph

Patient Name/MR#: **Referral Contact Phone #:**

Parkwood Institute is a smoke-free facility. This means there will be no smoking indoors or outdoors on the Parkwood Institute property, including in parking lots. Patients will not be able to leave the building to smoke and will receive the necessary support to abstain from smoking during their admission.

PROGRAM REQUESTED (SELECT ONE)

Complex Continuing Care	Rehab	Specialized Geriatric Services
☐ Short Term Complex Medical	☐ Acquired Brain Injury	☐ MSK Rehab
☐ Long Term Complex Medical	☐ Spinal Cord Injury	☐ Geriatric Rehab Unit
	☐ Stroke/Neuro	

Before submitting referral, please ensure:

☐ **Smoke free policy has been reviewed with patient**

☐ **Most recent/updated progress notes available in Cerner (if no, please send)**

☐ **History & Physical notes updated in Cerner (if no, please send**

HEALTH CARE DECISION MAKING:

Power or Attorney for Personal Care (if not in place identify SDM for Personal Care)

Name:		Home Phone		Bus/cell #	

Has the patient and/or SDM been made aware of this referral? ☐ Yes ☐ No

ELIGIBILITY CRITERIA – Must be completed:

Valid OHIP Card	☐ Yes ☐ No	
Restorative potential	☐ Yes ☐ No	
Medically/Surgically Stable	☐ Yes ☐ No	
Identified goals	☐ Yes ☐ No	
Able, willing and motivated to participate	☐ Yes ☐ No	
Care needs cannot otherwise be met in the community	☐ Yes ☐ No	
Behavioural Plan Documented	☐ Yes ☐ No	

CURRENT ADMISSION PROFILE:

Primary Medical Diagnosis	Surgical Interventions/Procedures	Complications

Additional Information (smoker, substance use disorder, relevant social history):

Language of Preference / Cultural Preferences:

Email: parkwoodaccess@sjhc.london.on.ca Fax: 519-685-4804 Phone: 519-685-4809

REHABILITATION GOALS

PROPOSED DISCHARGE PLAN

FUNCTION **I**=Independent **S**=Supervision **minA**=Minimal Assist **modA**=Moderate Assist **maxA**=Max Assist **D**=Dependent

Sitting Tolerance — Activity Tolerance
Bathing — Toileting
Dressing — Transfers
Feeding — Ambulation — Distance:

RESTRICTIONS **Collar** **Splints** **Braces** **Weight Bearing Restrictions**

Equipment: Wheelchair Tilt Bariatric Standard AFO

Alpha FIM Score (required for Stroke patients only): _____

COGNITION **(I=INTACT, D=DIMINISHED)**

Orientation (person, place, time)
Ability to follow instructions
Ability to use call bell? Yes No
Carry-over/New Learning
Insight/Judgment

If available: MOCA _____ MMSE _____ ☐ Communication barriers/needs _____

Please check if any of the following are present:

☐ Delirium ☐ Resistant Behaviours ☐ Verbal Aggression ☐ Physical Aggression ☐ Physical Restraints

Behaviour Management Strategies (attach plan if applicable): _____ ☐ Wandering behaviours/exit seeking

Bipap/Cpap: Yes ☐ **Please attach information sheet** New ☐ Established (patient must bring to Parkwood) Yes ☐

CARE NEEDS **only required if referral is not from Cerner hospital

Ostomy: Yes ☐ New ☐ Product types and #'s:

Diet: If not in Cerner: Type: _____ Diet Texture: _____

Tube Feed: If not in Cerner: Type: _____ Rate: _____

Swallowing: ☐ Intact ☐ Impaired MBS completed: Yes ☐ (attach if not in Cerner)

Wound(s): Yes ☐ Type and Location: _____

Treatment (if complex attach plan): _____

Drains/Tubes: Yes ☐ Type and Protocol:

IV: Yes ☐ Peripheral ☐ Central Line Type: Location:

Pain: Yes ☐ Acute ☐ Chronic ☐ Location:

Dialysis: Yes ☐ Type: Schedule:

Oncology Treatment: Chemotherapy ☐ Radiation ☐ Other ☐

Oxygen: Yes ☐ Flow Rate:_____ Delivery method:_____

Humidified air: Yes ☐ Flow Rate:_____ Delivery method:_____ Prior Home Oxygen: ☐ Yes

Please email of fax to 519-685-4804 along with documents not available in Cerner.