



**Holy Family Hospital**

7801 Argyle Street, Vancouver, BC V5P 3L6

FAX: 604-321-6886 PHONE: 604-322-2653

**OUTPATIENT REHABILITATION SERVICES REFERRAL**

HFH provides outpatient services to older adults (55 years of age or older). Patients with active ICBC/WorkSafeBC claims are NOT ACCEPTED. Admission guidelines can be viewed at [www.providencehealthcare.org/referrals](http://www.providencehealthcare.org/referrals)

Name: \_\_\_\_\_  Male  Female DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

Address: \_\_\_\_\_ PHN: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Language:  English  Other: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

**Diagnosis/Surgery/Other Medical Conditions:** (include relevant dates, weight bearing status, allergies)

**Precautions:** (AROs/Restrictions/Limitations/Aggression Risk) \_\_\_\_\_

How many falls in the past 90 days? \_\_\_\_\_ \* Have you referred to Homecare PT or OT?  Yes  No  
(\* If falling is an immediate concern, also refer to Homecare PT or OT)

Has patient been referred elsewhere for rehab services?  No  Yes-List: \_\_\_\_\_

**Goals & Reasons for Referral:** (see reverse page for list of services provided) \_\_\_\_\_

<b>Clinical Programs Requested:</b>	<input type="checkbox"/> Musculoskeletal Rehabilitation	<input type="checkbox"/> Neurological Rehabilitation
<b>Disciplines Requested:</b>	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> SW	<input type="checkbox"/> Dietitian (only if another discipline also requested)
<b>Services Requested:</b>		
<input type="checkbox"/> Home and Community Living Skills	<input type="checkbox"/> Balance and Mobility	<input type="checkbox"/> Swallowing
<input type="checkbox"/> Splinting	<input type="checkbox"/> Foot Wear & Foot Care	<input type="checkbox"/> Communication
<input type="checkbox"/> Lymphedema	<input type="checkbox"/> Counselling	<input type="checkbox"/> Education for: _____
***For Driver Rehabilitation referrals please use the form found at <a href="http://www.providencehealthcare.org/referrals">www.providencehealthcare.org/referrals</a>		
***With a physician/nurse practitioner referral, a physiatric consult may be provided as needed***		

<b>PHYSICAL MEDICINE AND REHABILITATION (PHYSIATRY) SERVICES</b> (only PHYSICIANS may refer)			
<input type="checkbox"/> EMG/Nerve Conduction (Drs. E. Weiss, A. Fan, E. Kwong, G. Li)	<input type="checkbox"/> Neurorehab Consultation (Drs. E. Weiss, A. Fan, E. Kwong, G. Li)	<input type="checkbox"/> Prosthetics/Orthotics (Dr. E. Weiss)	<input type="checkbox"/> Lymphedema (Dr. E. Weiss)
<input type="checkbox"/> General Physiatry (Drs. E. Weiss, A. Fan, H. Lau, E. Kwong, G. Li)	<input type="checkbox"/> Musculoskeletal Rehab (Drs. E. Weiss, A. Fan, H. Lau, E. Kwong, G. Li)	<input type="checkbox"/> Spasticity (Drs. E. Weiss, A. Fan, E. Kwong, G. Li)	Other

**Referring Healthcare Professional:** \_\_\_\_\_  
Printed name Designation Signature

**Date:** \_\_\_\_\_ (mm/dd/yyyy) **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of Therapist Involved in Care:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**All referrals must be accompanied by recent medical history/consultations and medication list. Referral will not be processed until all information is received. Thank you.**

**SEND COMPLETED REFERRAL AND RELEVANT DOCUMENTS TO ADMITTING CENTRE FAX: 604-321-6886**



## PROGRAMS & SERVICES

**Musculoskeletal Rehabilitation Program:** Joint Arthroplasties, Fractures, Arthritis, Musculoskeletal injury, Amputees for prosthetic training, post polio, recent falls, safety issues, trauma, or significant change in functional status.

**Neurological Rehabilitation Program:** CVA, Parkinson's, Guillian Barre, MS, brain tumour or spinal cord injury, peripheral nervous system disorders, recent falls, safety issues, or significant change in functional status.

**Advanced Care Planning:** Opportunity to discuss one's values and wishes as it relates to future health care planning.

**Communication:** Assessment, therapy and education addressing impaired speech and language skills and how these areas may affect a person's cognition. May include treatment for reading comprehension and writing/spelling problems.

**Community Resources/Advocacy:** Information would be given regarding the availability of community resources. Assistance would be provided to individuals who require help to access resources.

**Counselling:** Short term counselling will be provided to individuals and couples to help them deal with the emotional and social issues related to living with a physical disability.

**Driver Rehabilitation:** Please use the referral form found at [www.providencehealthcare.org/referrals](http://www.providencehealthcare.org/referrals)

**Foot Wear & Foot Care:** Education and recommendations for the selection or adaptation of footwear and/or pre-fabricated (non- custom) orthotics that can promote increased comfort, safety and mobility. Therapist may also liaise with community orthotist or prosthetist for custom bracing as needed.

**Home and Community Living Skills:** Assessment, therapy and education addressing difficulties in personal care, mobility skills, telephone use, meal management, shopping, financial management, transportation, housekeeping, and leisure pursuits. This includes evaluation of a person's physical, cognitive, emotional and visual –perceptual skills to improve their abilities in daily activities.

**Hydrotherapy:** The Holy Family pool has a ramped entrance and is maintained at 94 degrees. Patients who are assessed to be appropriate for hydrotherapy by a physiotherapist may attend classes in conjunction with their Physiotherapy sessions.

**Lymphedema:** Patients will be assessed by physiatry first to determine if suitable for acceptance. Patients will be required to cover the cost of wrapping supplies. The focus of this program is on education and self management.

**Nutrition:** Assessment, counselling and support to clients to make changes to their eating habits and lifestyle. Primary areas of focus include diabetes, heart disease, dysphagia, cancer, weight loss, managing constipation and promoting overall balanced eating.

**Splinting:** Assessment & recommendation of an appropriate orthosis (custom/non-custom) to stabilize, prevent or correct deformity, protect against injury, promote healing and reduce pain for improved function.

**Swallowing:** Assessment, education and treatment of neurogenic swallowing disorders.

PHYSIATRY SERVICES:			
Dr. Elliott Weiss    MSP 26500	Dr. Grace Li        MSP 66905    (Cantonese)		
Dr. Herman Lau    MSP 25962    (Cantonese)	Dr. Anita Fan        MSP 63997    (Cantonese)		
Dr. Evan Kwong    MSP 66194    (Cantonese)			