Reset Form

Health PEI

PROVINCIAL AMBULATORY STROKE REHABILITATION SERVICES REFERRAL FORM

Phone: 902-894-2060, Fax: 902-894-2490

MRN:_____

D.O.B:_____

Date:_____

Name:_____ **Phone # (H):** _____ **(W):**_____

Civic Address: _____ **Postal Code:**_____

Referring Physician/NP:_____ **Family Physician:**_____

Diagnosis: ☐ Infarct ☐ Hemorrhage Stroke Location:_____ **Date of onset:** _____

Risk Factors: ☐ Hypertension ☐ Diabetes Mellitus Other:_____

Co-morbidities: _____

Precautions: _____

Services involved (e.g Homecare): _____

Has client been informed of this referral? ☐ Yes ☐ No

Have the reasons for this referral been explained to the client/family? ☐ Yes ☐ No

Contact number for family member/ care giver: _____

Referral Reason:

- ☐ **Swallowing**
- ☐ **Cognition/ Perception**
- ☐ **Arm/hand function**
- ☐ **Mobility** (walking, wheelchair, etc.)
- ☐ **Transfers** (bed, bath, toilet, etc.)
- ☐ **Instrumental ADL** (homemaking, managing money, etc.)
- ☐ **Physiatry Consult** (* requires physician/ NP signature)

*Physician/NP Signature_____

- ☐ **Return to driving** (Attach request to review driving form)
- ☐ **Community Stroke Transition Services**
- ☐ **Speech/ Language/ Communication**
- ☐ **Behavioral/ Emotional/Financial**(Social work)
- ☐ **Tone/ Spasticity/ Pain**
- ☐ **Balance** (include risk for falls)
- ☐ **Self care** (grooming, dressing, bathing etc.)
- ☐ **Vocational/ Avocational rehabilitation**
- ☐ **Fatigue post stroke**

Pertinent Information/ Specific Goals:

Date of discharge (if in hospital): _____

Referring Location: _____

Referred by: _____

Phone #: _____

☐ **Referral sent to Secondary Stroke Prevention Clinic**
Please attach: 1) Related reports - consults, investigations, if not on Cerner 2) Medication list

Referred to: ☐ **PASRC** ☐ **District East** ☐ **District West**

ORGANIZED CARE STROKE SOINS COORDONNÉS DE L'AVC
PRINCE EDWARD ISLAND/ÎLE-DU-PRINCE-ÉDOUARD

Inclusion Criteria:
Stroke diagnosis

Send completed form to:
PROVINCIAL AMBULATORY STROKE REHABILITATION CLINIC (PASRC)
c/o Physical Medicine Department
Queen Elizabeth Hospital
PO Box 6600, Charlottetown

Revised July 2021