

# What is a rehabilitation/complex continuing care referral form?



## What is a rehabilitation/complex continuing care referral



The Rehabilitation/Complex Continuing Care (Rehab/CCC) referral form is the electronic version of the GTA Rehab Network “Inpatient Rehab/CCC Referral Form” in RM&R. It is used to prepare referrals for clients who need Rehab/CCC services from Rehab/CCC hospitals in the Toronto Central LHIN. Listed below are all the tabs in the Rehab/CCC referral form. Please view ‘**How do I complete a referral?**’ for more details on completing the referral.

### Client Details (1)

Includes a summary of key information about the referral form, such as Patient name, MRN and responsible person(s) for the referral. This is a standard tab across all referral care types.

### Demographics (2)

Includes relevant information identifying the patient. This is a standard tab across all referral care types.

### Supplementary Information (3)

Includes additional information identifying the patient. Examples include: Province Issuing Health Card, Responsibility for Payment Alternate Contact etc.

### Referral Information (4)

Includes about the patient’s admission date, current location, Rehab/CCC readiness date, patient population, reports to be included in the referral, preferred accommodation, advanced medical directives etc.

### Social Information (5)

Includes a social worker’s assessment summary and information regarding the patient’s personal care, financial information and social situation.

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## Care Requirements (6)

Information to assist Rehab/CCC service providers understand the patient's care needs. Examples include: Wandering risk, Allergies, Hearing etc.

## Acute Care Medical Assessment (7)

Includes information about the patient's primary diagnosis and clinical details. This section is to be completed by the Physician, Nurse or designator assigned by the health service provider.

## Functional Assessment (8)

Details regarding the functional status of the patient. These questions are based on the patient's population information entered in the Referral Information tab.

## Send/Manage Referrals (9)

Includes current referrals associated with the patient and functionalities to send the referral. Please view '**How do I send a Rehabilitation/Complex Continuing Care referral?**' guide for more details.

Welcome: Training  
Acting as: TEST - Referral Sender  
Viewing client: 999TEST999, Amit - March 17  
Date Of Birth: N/A  
Health Card Number: 1234567891  
STRATA PathWays™  
Assessment > Dashboard > Acute Care Medical Assessment  
Go Back Help 6 Dashboard Home 7 Log Out Training  
Client Details Demographics Supplementary Information Referral Information Social Information Care Requirements Acute Care Medical Assessment  
Functional Assessment Uploaded Files (0) Send and Manage Referrals  
Save  
Primary Diagnosis  
Enter Diagnosis below  
Number of Surgery Dates  
 None  1  2  
 3  More than 3  
Current Medical Issues  
Specify

Welcome: Training  
Acting as: TEST - Referral Sender  
Viewing client: 999TEST999, Amit - March 17  
Date Of Birth: N/A  
Health Card Number: 1234567891  
STRATA PathWays™  
Assessment > Dashboard > Functional Assessment  
Go Back Help Dashboard Home Switch To Log Out Training  
Client Details Demographics Supplementary Information Referral Information Social Information Care Requirements Acute Care Medical Assessment  
Functional Assessment Uploaded Files (0) Send and Manage Referrals  
Save  
Number of Injury/Event Dates  
 None  1  2  
 3  More than 3  
Describe Level of Function Prior to Hospital Admission (ADL & IADL)  
Specify  
Dressing (Upper Body)  
 Independent  Cueing/Set-up or Supervision  Minimum Assist  
 Moderate Assist  Maximum Assist  Total Care



Access to different care type referral forms is set at an organization and user level. Please contact your **Local Registration Authority (LRA)** for details and to request access. If you are unsure of your LRA, please contact the **RM&R program** at [rmr\\_program@uhn.ca](mailto:rmr_program@uhn.ca)