Toronto Stroke Networks

eSTROKE Outpatient Discharge Check List
Information Required at Time of Transfer to Outpatient Rehab

Patient Name:

Address:

Contact Number: Alternate Contact Number:

Outpatient Rehab Facility:

Outpatient Rehab Appointment Date:

The following information should be faxed to the outpatient facility at time of discharge:

Investigations/Diagnostics

- *copies of original reports preferred*
- *please write ND in box if tests Not Done*

- ☐ ECG
- ☐ CT scan report
- ☐ MRI scan report
- ☐ Echocardiogram reports
- ☐ Holter monitor
- ☐ Carotid dopplers or angiogram
- ☐ Chest X-ray report
- ☐ Videofluorosopic Swallowing Study (VFSS)
- ☐ Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- ☐ Other _____

Outpatient Rehab Fax #

Bridgepoint Health	416-461-2089
Toronto Rehab	416-597-7141
West Park Healthcare	416-243-1863
Providence Healthcare	416-285-3759
St. John's Rehab	416-226-3358

Treatment Reports

- ☐ Current medication list (MAR)
- ☐ Medical discharge summary and/or Medical admission history
- ☐ Summary of any significant treatments/complications during acute and/or rehab admission
- ☐ Status of Secondary Prevention Clinic follow-up:
  - ☐ Booked _____
  - ☐ Referred
- ☐ ALL consultation notes:
  - ☐ Neurology
  - ☐ Neurosurgery
  - ☐ Psychiatry
  - ☐ Oncology
  - ☐ Ophthalmology
  - ☐ Urology
  - ☐ Neuropsychology
  - ☐ ENT
  - ☐ Other _____
- ☐ Relevant interprofessional (OT, PT, SLP, SW, Dietitian, Therapeutic Rec etc.) assessments/ progress and discharge notes for each discipline.
- ☐ Notification to Ministry of Transportation