**Stroke Rehab Referral and Transition Reporting Form**

*Please complete this Toronto Stroke Networks tracking form if there are concerns arising from the electronic rehab referral or admission of a patient to a stroke rehabilitation program (outpatient, high intensity inpatient rehab and low intensity inpatient rehab). If an issue arises, please contact the integrated stroke flow working group member of the organization directly prior to sending this form to the Stroke Networks. The Toronto Stroke Network will be providing summary reports to organizations on a regular basis.*

**Issue related to:  Information contained in the electronic stroke rehab referral**

**Information sent at the time of transfer to rehabilitation**

**Client admission to HIR *inpatient* rehabilitation**

**Client admission to LIR *inpatient* rehabilitation**

**Client admission to *outpatient* rehabilitation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reporting Facility:** | | **Date:** | | |
| **Person completing Form:** | | **Telephone:** | | **Ext.** |
| **E-mail:** | |  |  | |
| **Patient Information** | |  | | |
| **Patient Initials** | **Client E-Stroke ID#:** | | **Male  Female  Other** | |
| **AlphaFIM Category at Day Day 3:** | **<40** | **40-80** | **>80** | |
| **Referral Date:** | | **Date of Transfer:** | | |
| **Facility Receiving Feedback:** | | **Date:** | | |
| **Person Contacted:** | | **Telephone:** | | **Ext.** |

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| **Check all boxes that apply to your submission:**  **Patient AlphaFIM 40-80 declined from inpatient rehab.**  **More information requested to determine if appropriate for inpatient rehab.**  **Patient not medically stable on arrival at rehab.**  **Patient presents differently from rehab referral.**  **Key investigations not completed in acute care.**  **Cause of stroke not identified**  **Insufficient information sent to appropriately manage patient’s care on inpatient admission.**  **Issues related to outpatient rehab transition.**  **Other (please explain)**  **Briefly Describe** (please include any resolutions if they were reached or any suggested solutions): |
| **Send completed forms to:**   |  |  | | --- | --- | | **Attn: Donna Cheung**  **c/o N &E GTA and Toronto West Stroke Networks** | **Ph:   416-603-5800 x 4099**  **Fax: 416-480-4260**  **Email: donna.cheung@uhn.ca  (if your hospital uses ONE Mail system)** | |