



Halton Healthcare Services

Oakville Trafalgar Memorial Hospital
327 Reynolds St, Oakville, ON, L6J 3H1
Phone: (905) 338-4367 Fax: (905) 815-5134

Referral for Out Patient Rehab Step-Up Program

PLACE STAMP BELOW

O.T. P.T. S.L.P.
(Please note: Two disciplines required to be eligible for program.)

Inpts only: expected date of D/C _____

Name: _____ Tel: _____ D.O.B: _____

Sex: Male: Female: *Code Status: _____ (*must be completed)

Referring Diagnosis: _____

Treatment Goals: _____

Other Medical History: _____

Contraindications/Complications/Precautions: _____

Medications: _____

Duration of Symptoms: < 1 month 1-3 months > 3 months

Progress of Symptoms: worsening static improving

Functional Level: severely affected slightly affected normal

Weight Bearing Status: none partial full

Names of Therapists: _____ Tel: _____

Please provide
discharge
summaries where
possible.

Physician's Signature: _____ Date: _____