

**APPLICATION RESTORATIVE CARE
INTAKE**

- REGIONAL IP REHAB PROGRAM (RRP) PHYSIATRY/GERIATRICIAN CONSULT ONLY
 COMPLEX MEDICAL CARE

****CURRENT FACESHEET MUST ACCOMPANY THIS APPLICATION****

ATTENTION: HDGH INTAKE OFFICE FAX TO: 519-258-3344

- Referral Source:** WRH Ouellette WRH Met
 HDGH CMC HDGH REH HDGH TNI
 Community

Patient Name: _____ **Room #:** _____

Primary Diagnosis / Brief History:

Referring Physician (Please Print Name Here) _____

Application Guidelines:

Please refer to the following guidelines, as these characteristics support positive patient outcomes in IP Restorative Care:

1. Medically stable
2. Demonstration of restorative potential and activity tolerance with therapy
3. Motivated to participate and agreeable to admission to restorative program
4. Patient/SDM understands and agrees that goal is a safe discharge to community
5. Valid and verified OHIP number

OFFICE USE ONLY

- Appropriate for referral to Intake Office for further assessment to IP Restorative Programs HDGH
 Not appropriate for IP Restorative Programs at HDGH- Sign Off

ADMIT

- REHAB Room # _____ MRP _____ IPAC _____
 CMC Room # _____ MRP _____ IPAC _____