Saskatchewan Health Authority

Physical Medicine and Rehabilitation
7th Floor, Saskatoon City Hospital
Phone: (306) 655-8651
Fax: (306) 655-8813

REHABILITATION OUTPATIENT SPECIALIZED SERVICES (ROSS) REFERRAL FORM

PATIENT DEMOGRAPHICS

NAME:			DATE: (DD/MM//YYYY)
PHN:	PROV:	BIRTHDATE: (DD/MM/YYYY)	SEX: □ Male □ Female

ADDRESS:	Street:		
	City:	Province:	Postal Code:
PHONE #:	Primary:	Cell:	Work:
ALTERNATE CONTACTS	Name:	Phone:	Relation:
EMAIL:			

PERTINENT MEDICAL HISTORY

Primary Diagnosis (see eligibility criteria page 2):

Pertinent Med History (please attach relevant consultations, investigations, discharge summaries):

Does this patient need special contact precautions? □ No □ Yes **Reason**: Date of last negative test:

WCB: □ No □ Yes, Claim #:	SGI: □ No □ Yes, Adjustor Name:
ALLERGIES:	Resuscitation Plan:

REASON FOR REFERRAL (Please Select)

Occupational Therapy

- ☐To increase upper extremity function to achieve meaningful activities
- ☐To facilitate upper extremity recovery, provide education on optimal limb positioning & strategies to reduce hand edema/manage pain
- ☐To improve visual, perceptual, and cognitive skills to return to meaningful activities
- ☐To learn compensatory strategies to manage daily activities
- ☐To work on a subset of skills needed to return to driving
- ☐To work on a subset of skills needed to return to work
- ☐To learn strategies to manage fatigue
- ☐Specialized wheelchair seating assessment/consultation

Speech Language Pathology

- ☐To improve expressive spoken language skills
- ☐To improve receptive spoken language skills
- ☐To improve speech
- ☐To improve cognitive-communication skills
- ☐Swallowing safety & quality of life related to a new dysphagia

Physical Therapy

- ☐To improve gait patterns
- ☐To improve ability to climb up or down stairs
- ☐To improve standing balance
- ☐To improve muscle strength
- ☐To improve functional motor control
- ☐To improve transfers
- ☐To improve cardiovascular fitness

Recreation Therapy

- ☐To facilitate /explore adaptive leisure and recreational activities

☐Other/Comments:

Has there been a referral to any other health care services?
☐Community Therapy Services (e.g. Home care OT/PT/SLP/SW) ☐Privately Funded Therapy ☐ ABI Outreach ☐Adult Speech Language Center
☐Other (please specify): ____________________
☐Therapist type/name/location: ____________________

IN-HOSPITAL REFERRALS ONLY

Patient Location: ☐ RUH Neurosciences ☐ RUH Other ☐ SPH ☐ SCH ☐ SCH Inpatient Rehab ☐ Other: ____________________

Planned hospital discharge date ____________________ Referring Physician: ____________________	☐ Consult Physiatry for inpatient rehab readmission if needed ☐ **Acute Care STROKE Direct Access** (alpha FIM score: ______)

REFERRING HEALTHCARE PROFESSIONAL INFORMATION		PRIORITY (please select)
NAME:		
JOB TITLE:		☐ **Low Priority** (target: can wait > 4 weeks)
SIGNATURE:		☐ **Moderate Priority** (target: 3-4 weeks)
PHONE:	FAX:	☐ **High Priority** (target: 1-2 weeks)
☐ **Stroke Prevention Clinic Direct Access**		Referring Physician: ____________________
☐ Patient meets eligibility criteria (page 2)		

Rehabilitation Outpatient Specialized Services (ROSS) ELIGIBILITY CRITERIA

☐Yes ☐No **1. Confirmed diagnosis of a neurological condition or amputation** (example: Stroke, Brain Injury, Spinal Cord Injury, Multiple Sclerosis, Neuromuscular Condition, Spasticity)

☐Yes ☐No **2. Consents to outpatient rehabilitation services at Saskatoon City Hospital**

☐Yes ☐No **3. Medically Ready**

- Medical condition allows for rehabilitation participation (example: No outstanding investigations that would affect ability to start rehab outpatients, no significant SOB, delirium, CHF, severe pain, fracture, weight bearing restrictions limiting participation, etc.)

☐Yes ☐No **4. Rehabilitation needs best addressed by ROSS**

- Recent change in function AND
  - i. Functional deficits are amenable to short term, intensive therapy AND
  - ii. Attainable goals of functional improvement (i.e. progress rather than maintenance) AND
  - iii. Requires specialized neurologic or amputee rehabilitation therapy
- OR has specialized seating needs unable to be addressed in the community

☐Yes ☐No **5. Rehabilitation tolerance ***

- Estimated sitting tolerance in chair/wheelchair ≥ 3 hours at a time consistently AND
- Estimated current therapy participation ≥ 45 min per session

☐Yes ☐No **6. Ability to participate ***

- Demonstrates motivation to participate AND
- Able to participate in home exercises & maintain gains between therapy sessions AND
- Cognitively able to participate and progress in rehabilitation:
  - i. Demonstrates sustained attention
  - ii. Demonstrates sufficient short-term memory to learn and retain information
  - iii. Demonstrates ability to follow 1 step commands (patients with apraxia and aphasia are excluded when i & ii are met)

☐Yes ☐No **7. Reliable and safe transportation to Saskatoon City Hospital is available**

☐Yes ☐No **8. Can have a family member/caregiver present if assistance is required with personal care**

☐Yes ☐No **9. Does the patient have any of the following Exclusion Criteria?**

- ☐ Stable chronic condition without recent significant functional change
- ☐ Orthopedic conditions without significant neurological involvement
- ☐ Treatment needs better aligned with other therapy programs (i.e. Community therapy services through CPAS, rural outpatient therapy, Geriatric Evaluation Management, private therapy, MSK PT at central therapies, OT hand therapy/splinting at RUH, Jim Patterson Center for Pediatric Therapies)
- ☐ Aggression that poses a threat to the safety of patient or others
- ☐ Age < 13 years old. Those 13-18 may be considered on a case-by-case basis.

*Not applicable to specialized seating patients

If you have further questions, please contact the ROSS Coordinator, Doria Michalishen, at (306) 655-8825