

E-STROKE REHAB Outpatient Discharge Check List
Information Required at Time of Transfer to Outpatient Rehab

Patient Name:
Address:
Contact Number:
Outpatient Rehab Facility
Outpatient Rehab Appointment Date:

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

Please write ND in box if tests Not Done

<i>Investigations/ Diagnostics</i>	<i>Treatment reports</i>
<input type="checkbox"/> ECG <input type="checkbox"/> CT scan report <input type="checkbox"/> MRI scan report <input type="checkbox"/> Echocardiogram reports <input type="checkbox"/> Holter monitor <input type="checkbox"/> Carotid dopplers or angiogram <input type="checkbox"/> Chest X-ray report <input type="checkbox"/> Videofluoroscopic swallowing assessment (VFSS) <input type="checkbox"/> Fiberoptic Endoscopic Evaluation of swallowing (FEES) <input type="checkbox"/> Current Medication List (MAR) <input type="checkbox"/> Other _____	<input type="checkbox"/> Consultation notes: <input type="checkbox"/> Neurology <input type="checkbox"/> Psychiatry <input type="checkbox"/> Oncology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Urology <input type="checkbox"/> Neuropsychology <input type="checkbox"/> ENT <input type="checkbox"/> Other _____ <input type="checkbox"/> Medical discharge summary and/or Medical admission history <input type="checkbox"/> Status of Secondary Prevention Clinic follow-up <input type="checkbox"/> Booked _____ <input type="checkbox"/> Referred <input type="checkbox"/> Summary of any significant treatments/complications during acute and/or rehab admission <input type="checkbox"/> Relevant interprofessional (OT, PT, SLP, SW, Dietitian, Therapeutic Rec etc.) assessments/ progress and discharge notes for each discipline. <input type="checkbox"/> Notification to Ministry of Transportation

Outpatient Rehab Fax #

Bridgepoint Health 416-461-2089
West Park Healthcare 416-243-1863
Providence Healthcare 416-285-3759

Toronto Rehab 416-597-7141
St. John's Rehab 416-226-3358