



Referral Form

North Shore Stroke Recovery Centre



Referral Guidelines

1. To refer a potential member, please complete this form and return it to **778-340-8730 (fax)** or email to **pc@nssrc.org**.
2. Please note that **ONLY** individuals who are stroke survivors and their caregivers will be eligible for services at the North Shore Stroke Recovery Centre.
3. Stroke survivors must be independent in feeding and medication administration, mobility, toileting and personal hygiene or have a caregiver accompany them who can provide the necessary assistance.
4. We **CAN NOT** accommodate individuals who have moderate to severe dementia, or any other severe health conditions that over-ride the symptoms of a stroke.
5. **PLEASE COMPLETE BOTH SIDES OF THE FORM. Questions: 778-340-5803.**

Member Information

Full Name:.....

Date of Birth: (mm/dd/yyyy).....

Address:.....

City:..... Postal code:.....

Province/Territory: Care Card Number:.....

Telephone Number:..... Cell Number:.....

E-mail Address:.....

Next of Kin Information

Name:..... Relationship:.....

Address:.....

City:..... Postal code:.....

Province/Territory:

Telephone Number:..... Cell Number:.....

E-mail Address:.....

Medical History

Please be specific:.....

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Please check all that apply:

Cognitive Function:.....
Diabetes: Yes No Type:..... Managed? Yes No
Speech issues Hearing deficits Swallowing issues Allergies
Level of Mobility: Cane Walker Wheelchair Independent
Toileting: Independent? Yes No
Transportation: Requires HandyDART? Yes No
Other form of transportation:.....

Speech Therapist Information

Aphasia? Yes No Type:..... Severity: Mild Moderate Severe
AAC used? Yes No Effectiveness?.....
Fine motor issues that may impact using AAC device?.....
Vision problems? Visual processing: Yes No Double vision: Yes No
Other:.....
Speech production issues? Apraxia: Yes No Dysarthria: Yes No
Vocal fold paralysis: Yes No
Voice:..... Other:.....
Language & cognition? Expressive language: Yes No Receptive language: Yes No
Word finding: Yes No Memory: Yes No
Executive functioning: Yes No
Other.....
Literacy: Can this person read? Yes No
At what word level? Single word Short phrase Sentences
Dysphagia: Any issues?.....

Referral Made By

Name:.....
Telephone Number:.....
Date:.....
