



NORTH SHORE
STROKE
RECOVERY CENTRE

Two Degrees of Separation
If you don't know a stroke survivor you
know someone who does.

Physician Referral Form

To make a referral, please complete this form and email to **info@nssrc.org**.
The North Shore Stroke Recovery Centre cannot support individuals who require assistance with toileting and/or have the following complex needs:

- Medication administration
 - Moderate to severe dementia
 - Other severe health conditions that override the symptoms of a stroke
- A caregiver can accompany them to provide the necessary assistance.*

1. Patient Information

Name:	
Date of Birth:	
Address:	
Telephone:	
Cell:	
Email:	
Care Card Number:	
HandyDART Number:	
Next of Kin & Telephone:	

2. Patient Details & Medical History

Medical History:

Reason for Referral: _____

Please check all that apply:

Diabetes Speech Difficulties Hearing Difficulties Vision Loss

Swallowing Difficulties Other: _____

Mobility: Cane Walker Wheelchair Independent

4. Referral Made By

Physician:

Telephone:

Date:

North Shore Stroke Recovery Centre

225 East 2nd Street, North Vancouver, BC V7L 1C4 Tel: 778-340-5803 www.NSSRC.org