



NORTH SHORE
STROKE
RECOVERY CENTRE

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

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:

Cognitive Function: _____

Diabetes: Yes No Type: _____ Managed: Yes No

Speech Issues Hearing Deficits Swallowing Issues

Allergies: _____

North Shore Stroke Recovery Centre

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



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Level of Mobility: Cane Walker Wheelchair Independent

Toileting Independent? Yes No

Transportation Requires HandyDART? Yes No

Other Form of Transportation: _____

3. Speech Therapist Information

Aphasia: Yes No Type: _____ Severity: Mild Moderate Severe

AAC Used? Yes No Effectiveness: _____

Fine Motor Issues that may impact AAC use? _____

Visual Processing Issues: Yes No Double Vision: Yes No

Other Vision Problems: _____

Speech Production:

Apraxia: Yes No Dysarthria Yes No Vocal Fold Paralysis Yes No
Voice: _____ Other: _____

Language and Cognition: Expressive Yes No Receptive Yes No Word
Finding Yes No Memory Yes No Executive Functioning Yes No
Other: _____

Literacy: Can this person read? Yes No Word Level: Single Short Phrase
Sentences

Dysphagia: Any Issues? _____

4. Referral Made By

Name:

Telephone:

Date:

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