

REGIONAL REHABILITATION OUTPATIENT SERVICES REFERRAL CHECKLIST

The following information **must be included** (as indicated) to process your referral:

- Client address and phone number
- WSIB # (if applicable)
- Client consented to the submission of this referral
- Client health card number and version code
- Client diagnosis
- Date of onset
- Client has been informed that they are responsible for arranging their own transportation, to and from the programs and services requested
- Functional needs identified
- Referring physicians signature

Important Medical and Rehabilitation documentation is **required** for this referral.

Please include:

- Consult notes
- Discharge summaries medical and/or therapy
- Neuropsychological report (if completed)

Please Fax Forms To: Regional Rehabilitation Outpatient Services Fax # 905 521 2359

If you have any questions contact: The Regional Rehabilitation Outpatient Services Intake
Office at:

#905 521 2100 ext#40806