Health Sciences Centre
Winnipeg
A Shared Health facility

Occupational Therapy Department
Rehabilitation Service

Pink Goose Level 1
RR180 - 800 Sherbrook Street
Winnipeg, MB Canada
P: 204-787-2786, F: 204-787-1101

Outpatient Rehabilitation - (Amputation and Spinal Cord Injury)
Referral for Occupational Therapy Services

Office Use Only - Date Referral Received: _____

PART A: CLIENT INFORMATION		
Client Name:	Date of Birth (day/month/year):	
PHIN:	HSC number as XXXXXXXX-X (if applicable):	
Address:	City:	Postal Code:
Primary Phone Number:	Alternate Phone Number:	
Health Region:		
Alternate Contact – Name and Phone Number (relationship to client):		
Client aware of and consents to referral to Outpatient Occupational Therapy □ Yes □ No If no, explain:		
Primary Language:	Are Interpreter services needed? □ Yes □ No	
Has client been referred to Outpatient Physiotherapy at the Health Sciences Centre □ Yes □ No Date of Referral: _____ If client is known to Outpatient Amputee Rehab: □ Copy of Amputee Rehab Consultation Form must be attached		
Is the client followed by any other community services or programs? (Community therapy, Priority Home etc.) □ Yes □ No If yes, please provide details:		
Funding Source (e.g., NIHB, self-funded, other third-party payer, etc.):		
Family Physician or Primary Care Provider:	Phone Number:	

PART B: CLIENT HEALTH INFORMATION

Primary Diagnosis and Date of Onset:

Past Medical History (including allergies):

Height: Weight:

Current Transfer Technique (type, level of assistance & equipment):

Current Activity Orders (e.g. sit times, skin, bed positioning/turning, weight bearing, functional use post-surgery, lifting restrictions):

PART C: REASON FOR REFERRAL

☐ **24 Hour Pressure Management -** Clients with active pressure management concerns who require assessment and/or treatment. Community therapists will be consulted as needed.
☐ New ☐Chronic (onset date) _____ ☐Stage _____
Location, size and description of wound/areas of concern: _____
_____

☐ **SCI Splinting -** Prevention of contracture and progression of function. What are the current issues with the upper extremities? Please describe:
_____

Upper extremity interventions provided thus far (splints already provided, home program, etc.):
_____
_____

☐ **Upper Extremity Function** - Upper extremity assessment and retraining programs for promotion of upper extremity function (examples: hand therapy programs, functional electrical stimulation, Saebo splints, etc.)

☐ **Upper Extremity Amputation Function** - Rehab program and education for compensatory one-handed techniques and/or upper extremity prosthetic training.

☐ **Functional Re-Training -** Skills-based rehab program intended to optimize function and independence related to any of the following: functional mobility (e.g., transfers, bed mobility, etc.), self-care/ADL and IADL performance

☐ **Seating, Positioning and/or Mobility Assessment** - Assessment and reassessments of permanent seating and mobility systems. Please include either:

□ Part D of this referral form on next page *(for non-RR5 referrals)*

OR □ Supplemental Wheelchair and Seating Referral Information form enclosed *(for HSC RR5 referrals)*

☐ **Wheelchair Skills Assessment and Training -** Manual or power wheelchair skills assessment and training.

PART D: DESCRIPTION OF CURRENT SEATING SYSTEM (required for non-RR5 referrals)		
		Where did it come from
Wheelchair	Manufacturer: Model: _____"width x _____"depth	
Cushion	Manufacturer: Model: _____"width x _____"depth	
Backrest	Manufacturer: Model: _____"width x _____"height x _____"lateral depth	
Secondary Positioning Components		
Other Components		
Issues with current seating system		

PART E: ADDITIONAL INFORMATION

Please identify any specific functional concerns related to this referral:

_____

_____

_____

Referral completed by:

Name: _____ Phone: _____ Fax: _____

Facility: _____ Date of Referral: _____

This is a 3-page referral form – incomplete referrals will be returned

Fax completed referral to (204) 787-1101. Contact Clinical Service Leader at 204-787-8530 with questions

Updated October 15, 2024