

**INPATIENT Referral Form for**

*Physical Medicine & Rehabilitation Specialists*

502-1515 Dufferin Crescent Nanaimo, BC V9S 5H6

P:(778) 787-1707 / F: (250) 713-4422

Includes:

Nanaimo Regional General Hospital  
 West Coast General Hospital  
 North Island Hospital- CR  
 qathet General Hospital

Patient Information			
Patient Label: Name: Birthdate: MRP: PHN:		Date of Referral/Consultation:	
		Patient Location: Hospital- Unit- Bed-	
Patient consent has been obtained for this referral: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Substitute decision maker contact info:  Name: _____ Relationship to patient: _____  Tel: _____ Email: _____			
Reason for Referral/Rehab concerns:			
Reason for Referral/Rehab concerns:			
Reason for Referral/Rehab concerns:			
Body Region of Concern			
	Right	Left	Both
Upper extremity (shoulder, elbow, wrist, fingers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower extremity (hip, knee, ankle, foot, toes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
Goals of Treatment (check all that apply)			
Decrease Pain <input type="checkbox"/>	Improve seating/positioning <input type="checkbox"/>	Prevent pressure ulcers <input type="checkbox"/>	
Improve transfers <input type="checkbox"/>	Improve gait <input type="checkbox"/>	Improve orthotic fit <input type="checkbox"/>	
Aid in dressing <input type="checkbox"/>	Aid in hygiene <input type="checkbox"/>	Other: <input type="checkbox"/>	
Other relevant diagnoses/comorbidities:			
Current relevant medications and dosages- Please attach a list.			
Referring Physician Information			
Referring Physician/Nurse Practitioner Name:		Physician MSP #	
Physician/Nurse Practitioner Signature:		Date:	

**Please Complete Form And Sign To Avoid Any Delay in Triage**  
**Fax to Coastal Rehab and Neurodiagnostics 250-713-4422**