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| **Referral Form for the**  **Telerehab Centre for ABI**  Tel: (416) 597-3422 ext. 7871  Fax (416) 597-7097 | Addressograph |

We currently offer **GROUP** therapies in an interactive, **ONLINE** format. These treatments involve discussion and interaction with other participants during the group session, as well as between-session, self-directed readings and homework. Eligible referrals **must** have a history of any acquired brain injury (e.g., mild to severe TBI, stroke, tumor) or diagnosis of MS.

**Individuals with any of the following are ineligible:**

* less than 6-months post-injury
* neurodegenerative disorders
* aphasia, dysarthria, or other communication disorder that would affect participation
* impaired sensory functioning (e.g. vision, hearing) for auditory and visually-presented information
* poor insight
* active psychosis or current mania
* less than 18 years of age
* low English proficiency
* no access to Internet

Referred By:

Role/Title:

Telephone:

Email:

**Site/Program**

UHN-University: Stroke ABI Day Hospital

UHN-Rumsey: Stroke ABI Day Hospital

Other UHN/non-UHN:

Date (mm/dd/yyyy):

Client Name:

Telephone:

OK to Leave Message?  Yes  No

Date of Birth (mm/dd/yyyy):      Age:

Family Doctor  Yes  No

Name:       OHIP:

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**Please note that referral to the Centre does not guarantee admission. Eligibility for each treatment will be determined by our clinicians based on a clinical interview and intake process.**

Date of ABI / diagnosis (mm/dd/yyyy):

Type of ABI (e.g., concussion, mod-severe TBI, stroke, etc.) / diagnosis:

Details of ABI / diagnosis, comments or notes, or other relevant information (e.g., comorbid medical conditions):

Primary area(s) of difficulty: please indicate all that apply

physical (e.g., headache, body pain, physical restrictions, etc.)

cognitive (e.g., poor focus, loss of concentration, poor memory, executive dysfunction)

emotional (e.g., low mood, anxiety, PTSD)

other: