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