

# Referral Criteria - Brain Injury Rehab Team (BIRT) Outpatient Services Ambulatory Care

The Brain Injury rehab outpatient team (BIRT) serves clients and families who require rehabilitation following **an acquired brain injury** and **are recovering at home**. Depending on the injury, people may experience a variety of emotional, behavioural, learning, physical, psychological and social difficulties.

In order to be eligible for this service a **Physician / Nurse Practitioner referral is required** and the client must meet **all** the following criteria:

- Live in the Greater Toronto Area where similar services are not available
- Is under the age of 19
- Has a diagnosis of an acquired brain injury
- Is willing to participate in setting goals with the support of the brain injury rehab team
- Has family members who are willing to become involved in the therapy process

***\* The client/family must be aware of the referral***

**PHYSICIAN / NURSE PRACTITIONER REFERRAL FORM – OUTPATIENT SERVICES**

Please complete all sections of this form as incomplete forms will result in processing delays. **NOTE: This information will be shared with Holland Bloorview staff as required.**

Family is aware of this referral: Yes  (must be checked) Referral Date: \_\_\_\_\_(dd/mm/yy)

**CLIENT INFORMATION:**

Client Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth: \_\_\_\_\_  Male  Female  
Day / Month / Year

Is an interpreter required?  Yes  No Language spoken: \_\_\_\_\_

Client Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel.: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_

Interim Federal Health Program (IFHP)  Health Card In Process

Client lives with:  Both parents  Father  Mother  Guardian  Independent  Group Home  Other:

**PARENT(S) OR GUARDIAN(S): (if different from client address)**

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Tel. (home): \_\_\_\_\_ Tel. (work): \_\_\_\_\_ Tel. (cell): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Tel. (home): \_\_\_\_\_ Tel. (work): \_\_\_\_\_ Tel. (cell): \_\_\_\_\_

**AGENCIES/PROFESSIONALS CURRENTLY INVOLVED:**

Agency (eg. Child Protection, Community)	Professional (eg. OT, SLT, Psychologist)
1. _____	_____
2. _____	_____
3. _____	_____

**MEDICAL INFORMATION:**

**Primary Diagnosis:**

\_\_\_\_\_

**Other Diagnoses:**

\_\_\_\_\_

**Does this client require any special infectious disease precautions?**  Yes  No

If yes, what for: \_\_\_\_\_

**Medical History/Allergies:**

\_\_\_\_\_

\_\_\_\_\_

**Taking Medication:**  Yes  No

**Risks** (i.e. frequent falls)

\_\_\_\_\_

**Reason for Referral/Concern/Goals:**

\_\_\_\_\_

\_\_\_\_\_

**Use check box for referral:**

- Query Autism
- Acquired Brain Injury Rehabilitation
- Concussion Clinic
- Cleft Lip & Palate Speech Language Pathology
- Infant Development Services
- Neuromotor (e.g. cerebral palsy, global developmental delay, Retts)
- Psychopharmacology\* (additional forms required)
- Neuromuscular (e.g. muscular dystrophy)
- Feeding\* (additional forms required)
- Spina Bifida

- Spinal Cord Injury
- Augmentative & Alternative Communication (AAC)
  - Writing Aids
- Orthotics (including protective headwear)
- Prosthetics (including myoelectric & cosmetic)
- Clinical Seating

**Dental Services:**

- Cleft Lip & Palate (general anesthesia available for qualifying clients)
- Special Needs Dentistry (general anesthesia available for qualifying clients)

**\*Pre-assessment forms are required with the referral. Click here:**

**Feeding:** <http://hollandbloorview.ca/programsandservices/programsservicesaz/feedingservices>

**Psychopharmacology:** <http://hollandbloorview.ca/programsandservices/ProgramsServicesAZ/Psychopharmacologyclinic>

**REFERRING MD/NP/DDS Name:** \_\_\_\_\_

**OHIP Billing Number:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please fax your completed Referral Form to Appointment Services: (416) 422-7036**