TIDES Rural/Remote Rehab Program Referral Form

Vancouver Coastal Health

Phone: 604-885-8690 or www.vch.ca/tides

Patient label

PATIENT INFORMATION

Patient Name:	Primary contact (if different from patient):
PHN:	Primary contact #:
Diagnosis:	Primary email:
Onset:	Location (at time of referral):
Discharge date:	Primary physician/GP:

REFERRAL CRITERIA (please check √)

Patient has diagnosis of: stroke, TIA, acquired brain injury, spinal cord injury, concussion (non-sports related), progressive neurological disorder.	☐
Patient requires a referral to: (please check) ☐ **SLP** ☐ **OT** ☐ **PT** ☐ **Physiatry**	
Patient lives in a rural/remote community within VCH: (Check one below) ☐ **Sunshine Coast** ☐ **Powell River** ☐ **Squamish** ☐ **Whistler** ☐ **Pemberton**	
Patient is 19+ years of age.	☐
Patient's current health condition is NOT related to an open claim with WCB or ICBC.	☐
Patient is aware TIDES Program may involve virtual service.	☐
Patient has specific, realistic short-term goals and is motivated to participate in rehab.	☐

PATIENT REHABILITATION GOALS

Please state RELEVANT and SPECIFIC rehabilitation goals (e.g. mobility, speech, cognition):

1)

2)

3)

ADDITIONAL INFORMATION

Does patient have access to any of the following technology? (Check if available)

☐ Android/iPhone ☐ Tablet/iPad ☐ Computer (with camera)/Laptop **AND** ☐ Internet/Data

Has patient been referred to any other services at this time? (please specify)

Referrals MUST include relevant documents including:

- ☐ Diagnostic Imaging (e.g. CT, MRI, MBS)
- ☐ Recent Medical Consults/Assessments (e.g. Physiatry, Neuropathology, ENT)
- ☐ PT/OT/SLP/SW Assessments/Recent Documentation, Home program
- ☐ Other relevant documents

Referrer:	Contact:	Date:

Please send referral by:

Fax (604-885-8635) OR email TIDESteam@vch.ca