



Glenrose Rehabilitation Hospital

REFERRAL GUIDE FOR ADULT & SPECIALIZED GERIATRIC INPATIENT PROGRAMS

Building Abilities for Life™



Glenrose Adult & Geriatric Referral Process

| | |
|---|--|
| 1 | Please review the Algorithm (pages 6-10) to determine the appropriate level of rehabilitation to refer the patient to. If you have any questions, please call the Rehabilitation Navigator (page 13) for the Glenrose Inpatient Program that you are considering. |
| 2 | Please review the Admission Criteria for the Program, and determine whether a Psychiatrist consult is required for that Program. |
| 3 | <p>For those programs that do require a Psychiatrist consult, please complete the Consult form and send with the Patient Demographic Record to: EDM.GlenroseReferrals@ahs.ca (Please indicate "Consult" & "GRH Program" on the email subject line).</p> <p>Once Psychiatrist consult is complete, if the patient is accepted for admission to GRH, please complete a Referral Form which can be obtained from and returned to EDM.GlenroseReferrals@ahs.ca.</p> <p>(Please indicate "Referral" and the "GRH Program" on the email subject line).</p> <p>**In an effort to streamline the process for you, please refer to the example form (Page 12) to see required information to include on referral form once the Psychiatrist consult is completed.</p> |
| 4 | <p>For GRH Programs that <u>do not</u> require a Psychiatry consult, please review criteria, and completely fill out Referral Form which can be obtained from and returned to EDM.GlenroseReferrals@ahs.ca.</p> <p>(Please indicate "Referral" and the "GRH Program" on the email subject line).</p> <p>**In an effort to minimize the number of phone calls from the Rehabilitation Navigator to clarify the patient information, please include requested attachments with the referral form.</p> <p><i>Additional notes from the patient's chart are not necessary to scan & include with the referral form if the form is filled out completely.</i></p> |
| 5 | The Rehabilitation Navigator will provide referral outcome, indicating approximate admission date or reasons for decision to not admit the patient to the Glenrose. |

Glenrose Rehabilitation Hospital Overview:

At the Glenrose Rehabilitation Hospital, patients access specialized rehabilitation and therapeutic services from highly skilled professionals across a range of disciplines. Our complex rehabilitation interventions are supported by cutting-edge research and technology and academic teaching. Our focus is on restoring function and improving well-being. Many services provided at the Glenrose are unique to the Edmonton Zone, province and country, and we are the only free-standing, tertiary and quaternary level physical rehabilitation facility in Canada.

Our Goal: To provide a time-limited, coordinated, high-intensity, inter-professional rehabilitation plan of care.

The Glenrose Rehabilitation Hospital is not the final discharge location following a patient's admission to acute, restorative or home/community care. This is a portion of the patient's rehabilitation journey that continues long after admission to the Glenrose. Proactive discharge planning should be initiated prior to the patient arriving.

Rehabilitation is focused on enabling patients with impairments and disabilities to reach and achieve their optimal physical, sensory, psychological, spiritual and social functional levels.

Our Referral Sources:

- Acute Care
- Restorative Care
- Home Care
- Community
- Primary Care Networks

Potential Discharge Locations:

- Home
- Restorative Care
- Transition Units
- Community Care Living Options

Inpatient Program Facts:

Any clinician can refer a patient to our inpatient programs.

- Patients need to be medically able to participate in 2+ hours of therapies daily.
- Rehabilitation is provided by an interdisciplinary team comprising of over 16 professional disciplines that provide rehabilitation customized to each patient by incorporating research, technology, and innovation into rehabilitation activities within an academic teaching environment.

**208
beds**



**9
units**



**Rehabilitation for the Mind,
Heart & Body
for All Ages at the Highest Level.**



Our Professionals:

Members of our rehabilitation teams include:

- Occupational Therapists
- Physical Therapists
- Social Workers
- Pharmacists
- Audiologists
- Orthotists
- Dietitians
- Speech-Language Pathologists
- Nurses and Nurse Practitioners
- Rehabilitation Navigators
- Recreation Therapists
- Physician Specialists
- Physiatrists
- Prosthetists
- Spiritual Care
- Psychologists

We Incorporate Specialized Equipment & Technologies into Rehabilitation Treatment Plans, Some of Which Include:

- I CAN Centre for Assistive Technology
- Syncrude Centre for Motion & Balance (motion analysis, vestibular rehab, posturography)
- Building Trades of Alberta Courage Centre (VR driving simulator, robotics, serious gaming)
- Pressure Mapping for seating and positioning in bed
- EKSO robotic walking over ground
- CAREN (Computer Assisted Rehabilitation Environment)
- Zero G Gait and Balance System
- Videofluoroscopy
- Lokomat robotic walking over treadmill
- Flexion Extension Pronation Supination (FEPS) for hand and wrist strengthening
- DynaVision for training cognitive brain fitness
- Glenrose Grocery Game for cognitive skills
- Retouch Table for physical, visual and cognitive rehabilitation
- Rejoyce for upper extremity strength training
- Functional Electrical Stimulation (FES)
- Specialized Services, including Seating, Feeding & Swallowing, Spasticity
- Aquatics
- Independent Living Suite
- Fully Accessible Dental Clinic



Our Patients:

Our patients are medically complex, with long-term illnesses or disabilities typically requiring skilled technology-based care not available at home or in other healthcare settings.

Our patients are medically stable with significant functional impairments and who require and are able to participate in a comprehensive inter-professional rehabilitation program at a high intensity level of at least 2 hours per day to enhance functional and cognitive ability.



Achievement of patient goals requires daily physician specialist interventions, frequent/daily reassessment by interdisciplinary teams to update and progress the treatment plan.

Although the patient's initial functional tolerance may fluctuate, the patient has the cognitive ability and physical tolerance to participate in and progress through moderate or higher intensity rehabilitation.

Patients have identified goals for rehabilitation that are specific, measurable, attainable, realistic and time-limited.

NOTE: All patients who have experienced sudden onset, life-altering disability (for example, spinal cord injury, brain injury, stroke, amputation, multiple traumas) with an expected trajectory of recovery/progression will be considered for admission.

Patients are expected to return to their previous living environment or other community environment following admission to the Glenrose.



Our Inpatient Programs and Admission Criteria:

| Baseline Admission Criteria | |
|---|--|
| Appropriate Admission Criteria | Other Considerations |
| Able to tolerate physically intensive rehab with an interdisciplinary team (e.g. up to 2 hours per day starting on day of admission, up to 6 days per week; duration dependent on severity of condition). | |
| Requires at least 2 or more interdisciplinary rehabilitation interventions (OT, PT, SLP, Respiratory Therapy, Rec Therapy, Nursing, Psychology, Social Work, Spiritual Care, etc.) and cannot be managed in community. | |
| Demonstrates sitting tolerance for 2 hour intervals (if applicable). | |
| <p>Medically stable and presents with stable co-morbidities.</p> <p>Examples:</p> <ul style="list-style-type: none"> maintaining acceptable oxygen saturations during walking with no increased shortness of breath no more than 2L of oxygen vital signs stable hemodynamically stable labs within normal limits and/or stable diagnostic investigations complete. | <p>Will also consider:</p> <ul style="list-style-type: none"> Medically stable (4L of oxygen or less, vital signs and labs are within the individuals' base line.) Limited ability to participate due to temporary controllable pain that can be assessed and managed. Patients with active oncology, ESRD and on dialysis may be considered as long as their rehab is not unduly limited due to fatigue/disease process. |
| Demonstrates consistent motivation and willingness to participate in rehabilitation program, including group therapy sessions, self-care/ADL training. | <p>Will also consider:</p> <ul style="list-style-type: none"> Willing and motivated but has previously refused rehab due to medical issues (e.g. nausea, vomiting, testing). |
| Specific functional goals were created in partnership with the health professional, patient and family. Goals are patient-led, realistic and achievable, and move the patient towards planned discharge location post-GRH admission. Health professionals', patient's and family's goals are all in alignment. | <p>Will also consider:</p> <ul style="list-style-type: none"> Health professionals', patient's and family's goals are not all in alignment. |
| The location of the residence is Northern Alberta, NWT, Nunavut and Northeastern BC and has valid provincial healthcare coverage. | May consider from other locations as long as the patient has valid healthcare coverage or insurance. |
| Patient agrees to follow feeding and swallowing recommendations while at GRH. Patient status decision clarified prior to admission. | Feeding tubes & traches are considered on a case-by-case basis, with the primary focus on patient ability to participate in physical rehab. |
| Most likely able to return to their previous living arrangement. | |
| Those lacking family support or permanent residence will be required to collaborate with a Systems Case Manager on a proactive discharge plan prior to GRH admission (e.g. conversation initiated with patient regarding willingness to be discharged to an identified shelter; establish connections with social programs). | |

Amputee

The Adult Amputee Rehabilitation Program provides specialized assessment and rehabilitation for persons with major limb loss. Patients participate in a high intensity rehabilitation program tailored to their specific needs. The focus of our program is to support physical and mental well-being following an amputation.

Beds: 16

*** Physiatry Consult Required for Inpatient Admission

****Physiatrist consultation in acute care provides an assessment of the patient addressing both the medical and functional status. The primary objective is to provide management and recommendations. Information gathered during the consult is also used to determine rehabilitation potential and the most appropriate venue for ongoing rehabilitation.*

| Appropriate Admission Criteria | Other Considerations |
|---|---|
| 18 years of age. | Will also consider: <ul style="list-style-type: none"> Patients over 16, but under 18 years of age will be assessed for maturity level (in consultation with a pediatric program). |
| Residual limb pain controlled with oral medications and not anticipated to require immediate surgical intervention, and patient's incision should be cleared as "medically stable" and "healing appropriately" by the surgeon or transferring unit physician prior to transfer. | |
| Major limb amputation, or bilateral minor limb amputation. | |
| May be a prosthetic fitting candidate (will be assessed by Physiatry) and/or functional independence could be sustainably improved by inpatient rehabilitation. | |

Stroke

The Stroke Rehabilitation Program will support patients and families in adjusting to the changes caused by a stroke. The goal of the program is to help patients develop the highest level of independence possible. With our patients and their families, we work on communication skills, physical abilities and social and emotional well-being.

Beds: 32

*** Physiatry Consult Required for Inpatient Admission

****Physiatrist consultation in acute care provides an assessment of the patient addressing both the medical and functional status. The primary objective is to provide management and recommendations. Information gathered during the consult is also used to determine rehabilitation potential and the most appropriate venue for ongoing rehabilitation.*

| Appropriate Admission Criteria | Other Considerations |
|--|---|
| Patients 18 years of age or over. | Stroke patients <55 years of age with a severe impairment (e.g. projected rehabilitation admission FIM score of <40 can serve as a guide, if score available). |
| Stroke diagnosis is considered the proximate cause for the rehabilitation referral. | |
| Moderately severe focal or multi-focal stroke due to infarction and/or hemorrhage regardless of stroke mechanism. "Moderately severe" reflects those patients typically with a projected rehabilitation admission FIM score between 40 and 80, and who predictably respond robustly to tertiary interdisciplinary stroke rehabilitation with a good likelihood of discharge to the community, with or without community supports. Please note, projected rehabilitation admission FIM scores ("alpha FIM scores") are not solely used to define "moderately severe", but are one item if available along with rehabilitation physical and cognitive screening assessments and physical exam findings that contribute to identifying the patient as "moderately severe". | Patients with co-morbid injury resulting in partial or non-weight bearing status are considered on a case-by-case basis. Anoxic brain injury or subarachnoid hemorrhage (SAH) patients without behavioral problems. Those patients with anoxic brain injury or SAH with behavioral problems may be appropriate for Brain Injury Rehabilitation Program. |
| Patient is able to follow at least 1-step commands. | |
| Patient has sufficient awareness, attention and recall to meaningfully participate in rehabilitation to learn how to perform self-care activities and gait training. | |
| Patient can transfer acquired knowledge from day-to-day. | |
| Patient's emotional status is stable. | |

Brain Injury

The Brain Injury Rehabilitation Program (BIRP) supports patients and families in adjusting to the changes caused by a brain injury. The goal of the program is to help patients develop the highest level of independence possible. With our patients, we work on communication skills, physical abilities and social and emotional well-being.

Beds: 21

*** Physiatry Consult Required for Inpatient Admission

****Physiatrist consultation in acute care provides an assessment of the patient addressing both the medical and functional status. The primary objective is to provide management and recommendations. Information gathered during the consult is also used to determine rehabilitation potential and the most appropriate venue for ongoing rehabilitation.*

| Appropriate Admission Criteria | Other Considerations |
|---|---|
| 18 –70 years of age. | Individual consideration for those under 18 and over 70 years of age (>70 years assessed based on appropriateness for Geriatrics). |
| <ul style="list-style-type: none"> Moderate to Severe TBI Intracranial Hemorrhages (SAH, IPH, SDH) Hypoxic Brain Injuries Encephalitis Brain Infections (abscess, meningitis) Benign Brain Tumor | <p>Other brain tumor types:</p> <p>Individual consideration will be given to patients with other types of brain tumors).</p> <ul style="list-style-type: none"> Patients with post-injury duration of ≥ 6 months will have to be reviewed on a case-by-case basis. |
| Brain injury diagnosis is considered the proximate cause of the functional impairments that prompt referral for rehabilitation. | |
| <p>Behaviors & Function:</p> <ul style="list-style-type: none"> Agitation/Aggression must be well-managed (physiatrist can be consulted to assess/address). GCS at least 12/15. Able to follow commands. Rancho Score of V-V11. | |

Spinal Cord Injury/General Neurology

The Spinal Cord Injury and General Neurology (SCI/GN) Rehabilitation Program provides assessment, treatment, education and counselling for patients who have had a spinal cord injury or general neurological illness. Our goal is to help patients be as independent as possible.

Beds: 19

*** Physiatry Consult Required for Inpatient Admission

****Physiatrist consultation in acute care provides an assessment of the patient addressing both the medical and functional status. The primary objective is to provide management and recommendations. Information gathered during the consult is also used to determine rehabilitation potential and the most appropriate venue for ongoing rehabilitation.*

| Appropriate Admission Criteria | Other Considerations |
|---|--|
| 18 years of age or older. | <p>Will also consider:</p> <ul style="list-style-type: none"> 16 years of age; those under 18 years will be assessed for maturity level and designated to adult or pediatric program. <p>NOTE: Admission not required for equipment trial or to await renovations,</p> |
| <p><u>Spinal Cord Injury:</u></p> <ul style="list-style-type: none"> Trauma Spondylosis with severe myelopathy (i.e. cervical) Tumor Transverse myelitis Spinal cord infarction Intraspinal hemorrhage Spinal epidural abscess | <p><u>General Neurology:</u></p> <ul style="list-style-type: none"> MS Relapse/NMO AIDP/CIDP Polio Other Polyneuropathies <p>Demonstrated ability to learn and carry-over new learning and be able to follow 3-step commands.</p> <p style="text-align: right;">—————→</p> |

| Spinal Cord Injury/General Neurology (continued) | | |
|---|---|--|
| <ul style="list-style-type: none"> Vascular malformation of Spinal cord Radiation myelopathy Spinal stenosis | Sitting tolerance for at least 2 hrs and endurance to tolerate 2-3 hrs of therapy per day, 5-6 days per week. | |
| Burns The Burns Unit specializes in post-burn injury rehabilitation. We work with patients to regain range of movement, stability, strength, function and independence. Beds: 2 *** Physiatry Consult Required for Inpatient Admission | | |
| <i>***Physiatrist consultation in acute care provides an assessment of the patient addressing both the medical and functional status. The primary objective is to provide management and recommendations. Information gathered during the consult is also used to determine rehabilitation potential and the most appropriate venue for ongoing rehabilitation.</i> | | |
| Appropriate Admission Criteria | | Other Considerations |
| 18 years of age or older presenting with a significant burn injury. | | Will also consider: <ul style="list-style-type: none"> Patients over 16 years of age, but under 18 years will be assessed for maturity level. |
| Orthopaedic/MSK The Orthopedic/MSK unit specializes in bone/muscle injuries, poly-traumas and post-surgery recovery for knee and hip replacements. We work with patients to regain balance, strength, function and independence. * PLEASE NOTE: Referrals to this program that include a spinal injury diagnosis must include a completed Spinal Assessment Sheet. Beds: 18 *** Physiatry Consult Required for Inpatient Admission | | |
| <i>***Physiatrist consultation in acute care provides an assessment of the patient addressing both the medical and functional status. The primary objective is to provide management and recommendations. Information gathered during the consult is also used to determine rehabilitation potential and the most appropriate venue for ongoing rehabilitation.</i> | | |
| Appropriate Admission Criteria | | Other Considerations |
| 18 years of age or older, presenting with a major orthopedic condition or major joint revision(s) with grafts/complications. <ul style="list-style-type: none"> Multiple trauma Complex medical problems Partially weight-bearing Spine injury without spinal cord compromise. | | Will also consider: <ul style="list-style-type: none"> Patients over 16 years of age, but under 18 years will be assessed for maturity level. Patients who are non-weight bearing on two limbs or more will be considered on a case-by-case basis. |
| Must be able to follow instructions. | | |
| NOTE: **Must confirm Orthopedic Surgeon Follow-up appointment is booked prior to patient transfer to Glenrose. | | |
| Specialized Geriatrics Specialized Geriatrics is a program for people aged 65 years of age and older who have complex medical conditions. Patients take part in high intensity treatments or specialized services to address the different health and wellness issues that are impacting overall well-being. Beds: 71 | | |
| Appropriate Admission Criteria | | Other Considerations |
| Over 65 years of age with geriatric syndromes (falls, frailty, delirium, dizziness, syncope, incontinence, atypical symptoms) that cannot be addressed outside of the GRH and requires complex care (i.e. detailed investment to a holistic approach of care for the patient). | | Will also consider: <ul style="list-style-type: none"> Under 65 years of age with geriatric syndromes. |
| <ul style="list-style-type: none"> Medically Stable* and presents with stable comorbidities *i.e. maintaining acceptable oxygen saturations during walking with no increased shortness of breath, no more than 2L of O₂, vital signs stable, hemodynamically stable, labs within normal limits, no active | | Will also consider: <ul style="list-style-type: none"> Medically stable (4L of O₂ or less), vital signs and labs are within the individual's |

| Specialized Geriatrics (continued) | |
|---|--|
| Appropriate Admission Criteria | Other Considerations |
| <p>oncology treatment, diagnostic testing complete.</p> <p>NOT ACCEPTABLE:</p> <ul style="list-style-type: none"> Patients who meet acute care Medworxx criteria (i.e. airway, close observation/protection, tubes/traches, injection/IV, vital assessments). Medically unstable as determined by medical team. End-stage COPD. End-stage heart disease. Palliative/End of life. Receiving chemo and/or radiation. Progressive neuromuscular disorders with no rehab potential (i.e. ALS, end-stage Parkinson's). Continuous bladder irrigation. Uncontrollable pain. | <p>baseline, patients with cancer that have been approved by a GRH physician.</p> <ul style="list-style-type: none"> Limited ability to participate due to temporary controllable pain that can be assessed and managed. Patients with end-stage renal disease and on dialysis may be considered as long as their rehab is not limited due to fatigue/disease process. |
| Able to transfer acquired knowledge from day-to-day. | |
| Requires less than 2 people to mobilize (e.g. during sit-to-stand and/or stand-to-mobilize consistently with Nursing & Rehab staff. | |
| Fully or partial weight-bearing. | |
| Stable wounds requiring no more than 30 minutes of nursing care/day and not affecting weight-bearing. | |
| <p>Geriatric Psychiatry</p> <p>Geriatric Psychiatry is a program for people 65 years of age and older who require a psychiatric inpatient program focusing on restoring and maintaining mental health and optimizing functional capacity of the older adult. Treatment programs include comprehensive group therapy programs delivered by an interdisciplinary team and may also include pharmacotherapy and ECT (Electroconvulsive Therapy).</p> <p>Beds: 22</p> | |
| Appropriate Admission Criteria | Other Considerations |
| 65 years of age and over. | Consideration may be given for those less than 65 years if other criteria met. |
| Insurance of medical stability by medical practitioner just prior to admission. | |
| Patient requires inpatient voluntary unit for older adults with complex psychiatric and functional needs requiring further rehabilitation. | |
| Have had the following assessments completed within the last 3 months, when possible: MMSE, GDS, EXIT, BERG, MOCA. | |
| Potential to make functional gains in 3-6 weeks. | |
| Patient has cognitive and psychological insight and understanding of admission to psychiatry and need for active group involvement. | |
| All limbs must be at least partial weight-bearing if affected limb is required for ambulation (e.g. walker users require ALL 4 limbs partial weight-bearing. | |
| Compliance with rehab milieu and other somatic therapies (e.g. medications, neuromodulation). | |



Geriatric Cognitive Behavior

The Geriatric Cognitive Behavior unit is a program for people 65 years of age and older who require a secure inpatient unit that focuses on interdisciplinary assessment, intervention and rehabilitation for medically complex elderly with cognitive impairment who have disruptive behaviors or symptoms that are responsive to pharmacologic, environmental or behavioral treatment.

Beds: 11

| Appropriate Admission Criteria | Other Considerations |
|--|---|
| Over 65 years of age. | Consideration may be given for those less than 65 years of age if other criteria met. |
| Patient requires a secure inpatient unit that focuses on interdisciplinary assessment, intervention and rehabilitation for medically complex elderly with cognitive impairment who require a more prolonged and specialized rehabilitation program after an acute illness/event due to their cognitive impairment. | |
| Behavioral, physical and cognitive problems of recent onset or with deterioration, which reduce independence and require further functional assessment, specialized geriatric treatment and rehabilitation. | |
| Potential to make functional gains in 5-7 weeks. | |
| All limbs must be at least partial weight-bearing if affected limb is required for ambulation (e.g. walker users require ALL 4 limbs partial weight-bearing). | |
| Patient and/or agent must agree to the appropriate pharmacological (including antipsychotics, if necessary), behavioral and/or environmental treatment as determined by the Behavioral Dementia Team. | |
| Must have recently completed MMSE and GDS scores with MMSE of 10 or more. | |
| Behaviors must be able to be managed without risk to other patients and staff. | |



How to Refer Patients to Our Inpatient Programs:

For the following programs:

- Specialized Geriatrics
- Geriatric Psychiatry
- Geriatric Cognitive

Sample of
Inpatient
Referral Form

Please review the criteria, and contact via email

EDM.GlenroseReferrals@ahs.ca for a Referral Form to be sent to you. Complete the referral form and return by submitting to the same email address.

Glenrose Rehabilitation Hospital Adult & Geriatric Inpatient Referral Form

Date (DD/MM/YYYY): _____

Allergies: ☐ NKA

Height: _____ Weight: _____

Current Location/Most Responsible Physician: _____

Referring Contact for Follow Up (name, title, phone number): _____

Isolation/precautions: _____ Organism: _____ Precaution type: _____

In last 6 months, has patient been in a healthcare facility outside of Canada >24hrs and/or received Hemodialysis? ☐ No ☐ Yes, location: _____

Baseline Admission Criteria – Is your patient... YES NO

Medically stable with stable co-morbidities? _____

Able, willing & motivated to participate in intensive therapy regime (1-2 hrs 2x daily)? _____

Requires inpatient rehabilitation with 2 or more disciplines daily? _____

Valid AHC or other coverage? If not AHC, please note: _____

Referral Stream (check all applicable)

☐ Orthopedics/MSK ☐ Geriatric Psychiatry ☐ Geriatric Cognitive ☐ Specialized Geriatrics- Rehab ☐ Referred to other programs? Please list below: _____

PHYSIATRIST CONSULT REQUIRED FOR PROGRAMS BELOW

Consult request date: _____

☐ Amputee ☐ Burns ☐ Stroke ☐ Spinal Cord Injury/General Neuro ☐ Brain Injury

Please attach if available

☐ Demographic ☐ Current/past medical history (incl. abnormal physical findings) ☐ Current medication profile ☐ D.I. / O.R. reports (if not on NetCare) ☐ Last 2 days of Nursing notes and Doctor's order sheets & Psychiatry Notes from Consult

☐ Multidisciplinary Progress Notes, most recent (or last 3 days), including: ☐ Initial Rehabilitation Database/Demographics ☐ Treatment and Progress Records (OT/PT/SLP/Respiratory Therapy/Rec Therapy) ☐ Social Work notes/Social Work Highlight Sheet ☐ Dietary/Swallowing notes ☐ Other: _____

Relevant History

Date of injury/stroke, surgery: _____

Brief description of current medical history and diagnosis: _____

Brief description of past Surgical/ Medical History/ Complications/Comorbidities: _____

Special treatment i.e. dialysis (incl. days for treatment): _____

Follow Up Procedures/Appointments Scheduled (detail with dates): _____

For the following programs, a Physiatry Consult is required prior to inpatient admission:

- Amputee
- Stroke
- Brain Injury (BIRP)
- Orthopedic/MSK
- Spinal Cord/General Neurology
- Burns

Sample of
Physiatry
Consult
Form

To request this consult, please contact via email

EDM.GlenroseReferrals@ahs.ca for a Consult Form to be sent to you. Complete the form and return by submitting to the same email address.

Once the physiatrist has completed the patient assessment, the notes will be completed in the Orders section of the patient's chart. In addition, the Physiatrist will advise the Charge Nurse. If the patient is accepted for admission to GRH, the Referral Form is completed and sent to EDM.GlenroseReferrals@ahs.ca.

PLEASE COMPLETE IN FULL AND EMAIL COMPLETED FORMS TO EDM.GlenroseReferrals@AHS.CA

Page 1 of 2
v.01102018

Alberta Health Services

GLENROSE-REHABILITATION-HOSPITAL

REQUEST-FOR-PHYSIATRY-CONSULTATION

Email-to-EDM.GlenroseReferrals@ahs.ca

NEW-CONSULT → REPEAT-CONSULT

***Please-Attach-Patient-Demographics

PATIENT-LABEL-HERE

Date: _____

Referring Physician: _____ (Copy of Physician Order & Consult notes required)

Name: _____ Physician Signature: _____

Program Requested: _____ (Select one)

☐ Amputee ☐ Brain Injury (BIRP) ☐ Burns ☐ Stroke ☐ Spinal cord injury/General Neuro

Diagnosis: _____ (e.g. type/location/level of amputation, injury, or stroke)

Date of onset/admission or date of surgery: _____

Reason for physiatry consultation: _____ (Select all that apply)

☐ Urgent pre-amp consultation assessment (planned surgery date): _____

☐ Assessment for inpatient rehabilitation program at Glenrose

☐ Assessment for acute care rehabilitation suggestions (e.g. post-op amputation, agitation, spasticity, etc.)

☐ To arrange out-patient rehabilitation follow-up at Glenrose clinic

☐ Other – please specify below: _____

Additional Information and/or Medical Complications: _____

Physiatrists can be consulted at any point in the patient's care for the following:

- Urgent pre-amp consultation assessment (planned surgery date).
- Assessment for acute care rehabilitation suggestions (e.g. post-op amputation, agitation, spasticity, etc.).
- To arrange outpatient rehabilitation follow-up at a Glenrose Clinic.

***To request this consult, please complete the Glenrose Physiatry Consult Form and submit to EDM.GlenroseReferrals@ahs.ca.

General Notes Re: Our Criteria and Form



Please carefully review the criteria in this document to determine if the Glenrose would be good fit for your patient. Our focus is on ensuring that our patients arrive at the Glenrose medically and emotionally ready for intensive therapy, and that they are prepared from “day one” to participate in rehab and to discuss their post-inpatient rehab transition.

The referral form can be completed by any medical professional who has consulted with the referral criteria and determined suitability of their patient for referral. Note that certain areas of the form may not need to be completed if the information is available otherwise (e.g. on Netcare, in provided nursing notes, etc.).

***Faxed referral forms will be sent instructions on how to email future referrals.

A Physiatrist consult is required for the following programs: Amputee, Spinal Cord Injury, Brain Injury, Ortho/MSK and Stroke. The consult process must be complete & the Physiatrist must agree to accept the patient into the program prior to the referral form & attachments being sent in.

Once the referral has been reviewed by our Rehabilitation Navigator Team, the key contact identified on the form will be contacted with any follow-up requests, and to provide information on the patient's admission status.

| Glenrose Adult & Geriatric Inpatient Rehabilitation Navigator Team Contact List | | |
|--|---|-------------------------------------|
| Program | Rehabilitation Navigator Name | Phone |
| Stroke | Susan Salloum— Intake | 780-735-8281 or 780-991-8923 (cell) |
| | Anne Campbell - Discharge | 780-735-8272 or 780-991-3190 (cell) |
| Brain Injury | Nicole Nott—Intake & Discharge | 780-991-0832 (cell) |
| Spinal Cord Injury/ General Neurology | Julianna Kulak—Intake & Discharge (Effective Dec 2020) | 780-735-8270 or 780-991-1540 (cell) |
| Orthopedics/MSK Burns Amputee | Deirdre Nolan—Intake & Discharge | 780-991-8302 (cell) |
| Geriatric Cognitive Geriatric Psychiatry Specialized Geriatrics | Arlene Odegard —Intake | 780-735-8820 or 780-991-2666 (cell) |
| | Tracey Misyk—Intake | |
| | Lara Midwinter—Intake and Discharge | 780-735-6240 or 780-991-0685 (cell) |
| | Susan Oshust-Sly—Discharge | 780-735-6150 or 780-991-9316 (cell) |
| | Eleanor Firt—Discharge | 780-735-6187 or 780-991-1394 (cell) |
| | Stacey Thomas—Discharge | 780-735-8847 or 780-991-8296 (cell) |