Alberta Health Services

Home Rehabilitation Team (HRT) Referral

To Send Completed Referrals - refer to Alberta Directory *(albertareferraldirectory.ca)*

- Must reside within city limits; client is aware of and agreeable to this referral
- Medically stable
- Must require involvement of at least 2 disciplines (OT, SLP, PT, RN, Rec, SW)
- Recent decline (3 months) in independence, function or mobility. May be at risk of needing placement in a facility or increased level of care but formal placement process has not been initiated/completed.
- Patient can safely manage in their home environment (with or without family/ other informal support)
- Cognitively able to participate (i.e. demonstrates carry over from session to session)
- Motivated & able to participate for 60-90 minutes/day (up to 30 minutes of activity), up to 5 days/week and up to 12 weeks duration

Client Information			
Last Name		First Name	
PHN/ULI	Date of Birth *(yyyy-Mon-dd)*	Gender	Phone
Address	City/Town		Postal Code

Disciplines Required

☐ Occupational Therapy ☐ Physiotherapy ☐ Speech Language Pathology
☐ Social Work ☐ Recreation Therapy ☐ Nurse

Concerns/ Goals for Client ***(IADL, ADL, Speech, Mobility, etc)***

_____
_____
_____
_____

Indicate areas of concern(s)

☐ Manage ADL tasks *(e.g. bathing, dressing, toileting)*
☐ Walk or move safely *(e.g. from bed to chair)*
☐ Carry out leisure activities, hobbies, work or engage in sexual activity
☐ Swallow or feed
☐ Manage IADL tasks *(e.g. cooking, appointments, yard & housework, banking, shopping)*
☐ Communicate
☐ Think, concentrate or remember things
☐ Cope with financial concerns, caregiver burdens, social barriers or other stressors
☐ Manage health related concerns *(medication management)*
☐ Other *(specify)* _____

Include with referral ***(if not available electronically)***

☐ Rehabilitation and Nursing notes
☐ Goals of Care Designation
☐ Specialized Medical and Diagnostic Reports

Referring Site	Anticipated date of hospital discharge *(if applicable)*	
Contact Name	Phone Number	Fax Number
Signature	Date *(yyyy-Mon-dd)*	