Alberta Health Services

Spasticity Program for Adults Clinic Referral

Glenrose Rehabilitation Hospital
10230 111 Avenue, Edmonton, AB, T5G 0B7
Phone 780.735.8260 Fax 780.735.6085

Name *(last, first)*	
Birthdate *(yyyy-Mon-dd)*	Gender ☐ Male ☐ Female
PHN / ULI	
GRH	
WCB	

Client Address		Referral Date *(yyyy-Mon-dd)*
		Contact Person *(to arrange appointment if different from above)*
City	Postal Code	
Home Phone		Phone
Other Phone		Relationship

Major Concerns Related to Spasticity ***(check all that apply)***

☐ **R** upper extremity ☐ **R** lower extremity ☐ **L** upper extremity ☐ **L** lower extremity

☐ Other Information provided by ☐ Client ☐ Caregiver

Please identify specific problems related to spasticity that you would like the clinic to address

Primary Neurological Diagnosis

☐ Stroke ☐ Cerebral Palsy ☐ Brain Injury ☐ MS ☐ Spinal Cord Injury ☐ Other

Date of Onset/Injury ☐ Please provide full medication profile

Rehabilitation Information Client weight:

Mobility ☐ ambulatory ☐ manual wheelchair ☐ power wheelchair ☐ stretcher

Transfers ☐ mechanical lift ☐ 1 person assist ☐ sliding board ☐ independent

Has client been through comprehensive rehab program? ☐ no ☐ yes *(specify where and when)*

Service Providers / Location	Contact Name	Phone	Fax
☐ PT			
☐ OT			
☐ Homecare			
Referring Designation/Agency	**Person completing referral**	**Phone**	**Fax**
Referring Physician ***(print name)***	**Signature**	**Phone**	**Fax**