

Home Rehabilitation Team Referral – Medicine Hat

Patient Name: _____ **Date of Birth:** _____ **PHN#** _____

- Patient aware & agreeable to referral
- Is PD/POA enacted, if yes is agent aware and agreeable to referral?
- Patient lives within Medicine Hat area
- Recent decline (3 months) in independence, function/mobility
- Patient can safely manage in their home environment (with or without family/other informal support)
- Projected FIM® (from AlphaFIM®)* or FIM® Score _____
- Anticipated date of hospital discharge if applicable: _____
- Other Referrals made: _____

Disciplines Required (Must require 2 or more)

- | | | |
|-----------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> PT | <input type="checkbox"/> SLP | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> OT | <input type="checkbox"/> Rec Therapy | <input type="checkbox"/> Nursing |

Relevant Concerns/Comments:

Please indicate with a check mark (✓) areas of concern:

Finding more difficult to:

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

*Projected FIM® Score obtained by adding the Cognitive and Motor domains of the AlphaFIM®.

Referring Contact Name: _____ Signature: _____

Referring Contact Phone Number: _____ Date: _____

ONCE REFERRAL IS COMPLETE: FAX TO: 403-529-8021

Home Rehabilitation Team Referral – Medicine Hat

The Home Rehabilitation Team (HRT) provides an in-home rehabilitation service for adults with a recent decline in independence, function, and/or mobility living within the Medicine Hat area.

The Team, based out of the Medicine Hat Regional Hospital, provides short-term, client-driven, home-based rehabilitation interventions. Members of the team include Occupational Therapy, Physiotherapy, Speech-Language Pathology, Recreation Therapy, Social Work and a Registered Nurse, as well as Therapy Assistants. A minimum of two or all therapies may be involved with the client.

Inclusion Criteria

- Over the age of 18
- If functional decline occurred over 3 months, contact program for further discussion
- Needs require at least two Allied Health disciplines
- Medically stable
- Resides within Medicine Hat area
- Client can safely manage in home environment (with/without family) and is accepting of treatment in the home on short term basis
- Client is motivated and able to participate in up to 3-10 hours a week for therapy (minimum of one hour per therapy session)
- Cognitively able to participate (i.e. demonstrates carry over from session to session, able to create therapy goals with support)
- If AlphaFIM® completed, projected AlphaFIM® score must be 60 or greater

Exclusion Criteria

- Clients with advanced dementia
- Clients with unmanaged anxiety, depression, mental illness or medical condition (e.g. palliative)
- History of non-participation
- Client requires long-term care or SL4-D, passed & waiting for an alternate level of care
- Needs best met through another service stream
- Safety concerns related to the home environment

Questions can be directed to:

403-502-8648 Ext. 1497