Vancouver CoastalHealth

LGH Intensive (IROP) and Neurological Rehabilitation Outpatient Programs (NROP) REFERRAL

Rehabilitation Services
Lions Gate Hospital
231 East 15th Street
North Vancouver, BC V7L 2L7
Fax: 604-984-5744

Referring Doctor or NP:
Email/phone office:
Fax:

Primary Care GP/NP:
Email/phone office:
Fax:

Client name:
Client Contact Info: Phone: (H)
Client Address:

PHN:
(Cell):
Client email:

Alternate Contact Preferred? ☐ Yes Name of alternate contact:
Cell:

☐ Patient consents to pre-screening video/phone call / Electronic Communications

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DIAGNOSIS:

DATE OF ONSET:

History:

Other Medical Conditions:

Medications:

Psychosocial Concerns:

Mental Health Concerns:

For Voice Therapy: I understand that an ENT Consult with a Laryngoscopy or endoscopy is best practice prior to start of therapy ☐ I will make a referral to ENT ☐ I waive a referral to ENT

SERVICES REQUIRED: ☐ **Spasticity Clinic** ☐ Occupational Therapy ☐ Physio Therapy ☐ Speech Language Therapy ☐ Social Work ☐ Physiatry Consult

☐ I consent to a physiatry consult if the team deems appropriate

CLIENT'S GOALS: (specific, realistic goals)

☐ Please attach relevant documents including assessments/consults

Date of Referral:

Dr / Therapist signature:

Please email this referral along with all other relevant information to: neurotherapy@vch.ca
or fax to 604-984-5744