



Physiatry Consult Request Outpatient Spinal Cord Injury Program

PHONE: 519 685-4564 FAX: 519 685-4075

MAILING ADDRESS: Attn: Outpatients, Parkwood Institute, Main Building, P.O. Box 5777, STN B, London ON. N6A 4V2

Patient Information (Place sticker here)					
Last name:		First name:		Gender:	Date of birth: YYYY/MM/DD
Health card:		Version code:	Telephone: (Primary)		Telephone: (Other)
Address - Number and Street:			City:	Province:	Postal Code:
Alternate contact (if different than above)		Relationship to patient	Phone number #1	Phone number #2	
Primary Care Provider (physician, nurse practitioner):		Primary Care Provider (physician, nurse practitioner) Phone:		Primary Care Provider (physician, nurse practitioner) Fax:	
Date of Injury: (YYYY/MM/DD)		<input type="checkbox"/> Open MVA or WSIB claim		Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No Language:	

Presenting Diagnosis (Including spinal cord injury level, if appropriate)

Please indicate if any of the following are present:
<input type="checkbox"/> Recent or new spinal cord injury <input type="checkbox"/> Sudden decline in medical or functional status <input type="checkbox"/> Recent history of falls <input type="checkbox"/> New/worsening skin breakdown or wound

Consult Request with Reason for Consult (or attach letter)
<input type="checkbox"/> Physiatry

Allied Health Requests (if applicable)
<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> SCI Seating Team <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech Language Pathology <input type="checkbox"/> Therapeutic Recreation

Additional Information

Please include the following information with the referral:
1. Medication list 2. Relevant medical history, consult notes, CTs, X-rays, MRIs, ER notes, and clinical/therapy notes

Referral Source Information
Completed by: _____ Phone: _____
Physician/Nurse Practitioner Signature: _____ Fax: _____

Next Steps
Physiatry will review this referral and determine eligibility. To expedite this process, please ensure all requested information and contact information are enclosed. To ensure the client receives the most appropriate care, other programs or services may be considered as part of our triage process. If you have questions please contact 519 685-4560 or internally at extension 44564.

Office Use Only:
Referral Reviewed: (DD/MM/YYYY) <input type="checkbox"/> Schedule with next available SCI Physiatrist <input type="checkbox"/> *Forward to Allied Health SCI Outpatient Team for Triage. *If checked, Physiatry Signature Required:

**Please fax completed referral to 519 685-4075
If you have questions, please contact 519 685-4564**



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Spinal Cord Injury (SCI) Program Eligibility and Exclusion Criteria

*Please note, patient must be accepted for Physiatry consult in order to be considered for SCI Allied Health services.
All services have variable wait times.*

Physiatry

Medical consultative services that provide recommendations and/or interventions related to SCI specific symptoms (e.g. medication, bowel, bladder, pain and/or spasticity management related to SCI).

Eligibility Criteria

- 18 years of age or older
- Diagnosis of SCI
- Goals related to SCI or secondary complications arising from SCI

Exclusion Criteria

- Needs or goals are not related to a SCI

Allied Health

Multi-disciplinary services delivered through individual or group therapy. Disciplines include occupational therapist and physiotherapist, social worker, speech language pathologist and recreation therapist.

Eligibility Criteria

- 18 years of age or older
- Referred by a physician in the Physical Medicine and Rehabilitation Department at Parkwood
- Diagnosis of a SCI
- Capacity to benefit from a time-limited, goal-oriented program

Exclusion Criteria

- Needs or goals not related to an SCI or related
- Access to third-party funding [e.g. due to Workplace Injury (WSIB), motor vehicle (MVA) insurance]
- Medically unstable as determined by physician
- Referrals for ongoing maintenance of longstanding conditions
- Participating in another publicly funded program addressing same goals

SCI Wheelchair and Seating Team

Occupational therapists and/or physiotherapists within the SCI Program with specialized experience in wheelchair and seating assessment and prescription. This service is **not** affiliated with the Parkwood Seating Program.

Eligibility Criteria

- 18 years of age or older
- Referred by a physician in the Physical Medicine and Rehabilitation Department at Parkwood
- Diagnosis of SCI
- Individuals that require a mobility device for all: Ongoing, daily, basic and essential mobility needs

Exclusion Criteria

- Access to an open motor vehicle insurance claim
- Access to WSIB benefits for wheelchair and seating needs
- Individuals who are still within the designated funding period for equipment, not prescribed by our Parkwood SCI Team (i.e. <2 years for a seating system, 5 years for wheelchair)
- Individuals with progressive or changing medical conditions or degenerative disorders
- Seating and wheelchair goals can be met in the community

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