

Telephone Follow-Up

Part 1: COMPLETE WITH PATIENT AT TIME OF DISCHARGE

Discharge Date: _____ Telephone Screen Date/Time _____

Discharge Location: Home Other: _____

Person to contact: Patient Caregiver: _____ Phone No. _____

Verbal consent to contact caregiver: Yes No Alternate No.: _____

Email Address: (if consent on file): _____

OT: _____ PT: _____ SLP: _____ SW: _____ Phys MD: _____

1.1 Patient/Caregiver Concerns at Discharge:

1.		5.	
2.		6.	
3.		7.	
4.		8.	

1.2 Concerns Identified by Team at Discharge:

1.		5.	
2.		6.	
3.		7.	
4.		8.	

1.3

	<p>List appointments, community referrals, home equipment/modifications recommendations made at discharge OR <input type="checkbox"/> see attached copy of appointment list from discharge binder</p> <p><input type="checkbox"/> see attached copy of page 8 of 8 from Interprofessional d/c summary</p>
1.	
2.	
3.	

Part 2: COMPLETE AT TIME OF TELEPHONE FOLLOW-UP

***Prep patient that the call will be approximately 15 minutes to set expectation**

	Comments/Recommendations Made
1a. Before you left Toronto Rehab, your concerns were (refer to 1.1) How have you been managing?	
1b. (Refer to 1.2) Screener to ask about concerns identified by the team if applicable.	
2. Do you have any questions or concerns about the referrals that have been made for you before you left Toronto Rehab? (cue pt to refer to list in their binder)	
3. Do you have any questions or concerns with the recommendations made by your team such as: equipment, home modifications, or help that you may need at home? (Refer to 1.3 or attached list)	*Possible Prompts if concerns identified: contact Home & Community Care [LHIN] (previously CCAC), Contact Vendor
4. Do you have any new or worsening medical concerns that have not already been addressed such as pain, headaches, changes in mood, or recent falls?	
5a. Do you have plans to see your family Doctor?	
5b. Have you had a chance to refill your prescriptions?	
6. Do you have any questions about what we have discussed or how to address any concerns going forward?	

Print Name of Screener: _____ Date of Screen: _____

Signature of Screener: _____

Additional Notes/Comments: _____

- Telephone follow-up entered into Workload and PHS (outpatients only)
- Rounds report-back to team complete
- For patients with TRI physiatry follow-up: scan and send this form to ucoutpatientphysicianclinics@uhn.ca and cc physiatrist
- Following Rounds report back, give original copy to health records for filing (attach a face sheet as necessary). Send via interoffice mail or bring down to health records (if at UC).

Patient Name: _____ MRN: _____