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

1.2 Concerns Identified by Team at Discharge:

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

1.3 List appointments, community referrals, home equipment/modifications recommendations made at discharge OR ☐ see attached copy of appointment list from discharge binder

☐ see attached copy of page 8 of 8 from Interprofessional d/c summary

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*

<table>
<thead>
<tr>
<th>Comments/Recommendations Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Before you left Toronto Rehab, your concerns were <em>(refer to 1.1)</em> How have you been managing?</td>
</tr>
<tr>
<td>1b. <em>(Refer to 1.2)</em> Screener to ask about concerns identified by the team if applicable.</td>
</tr>
<tr>
<td>2. Do you have any questions or concerns about the referrals that have been made for you before you left Toronto Rehab? <em>(cue pt to refer to list in their binder)</em></td>
</tr>
<tr>
<td>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? <em>(Refer to 1.3 or attached list)</em></td>
</tr>
<tr>
<td>4. Do you have any <strong>new or worsening</strong> medical concerns that have not already been addressed such as pain, headaches, changes in mood, or recent falls?</td>
</tr>
<tr>
<td>5a. Do you have plans to see your family Doctor?</td>
</tr>
<tr>
<td>5b. Have you had a chance to refill your prescriptions?</td>
</tr>
<tr>
<td>6. Do you have any questions about what we have discussed or how to address any concerns going forward?</td>
</tr>
</tbody>
</table>

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).

Form # Revised Apr 26, 2018