



**Acute Rehabilitation Unit  
Sunny Hill Health Centre at BC Children's Hospital  
Referral Form**

Patient info sticker if available:

Email completed form to: [AcuteRehabReferrals@cw.bc.ca](mailto:AcuteRehabReferrals@cw.bc.ca)

**Note: If accessing this form online please download to your computer prior to completing**

Request filled in on:	Request by: Phone or Email:
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Requested date of admission:	Estimated Length Of Stay:
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Name:
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MRN:	DOB:
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Primary Diagnosis:
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Interpreter needed:    No    Yes    If yes, Language:
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Parents:
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Address:
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<b>Documentation re Medical History:</b>			
Clinic Note	sent with referral	on power chart	Date:
Consult Letter	sent with referral	on power chart	Date:
Other	sent with referral	on power chart	Date:

<b>Reason for Admission:</b>
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<b>Anticipated Goals and/or important information:</b>
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Acute Rehab Inpatient Acute Rehab Outpatient Medical (G-Tube, Baclofen Pump, Other) G-Tube      Baclofen Pump Other - Please Specify:	Ortho Respite Respite ( please see Criteria) SHARED with BCCH _____ Program
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<b>Most Responsible Practitioner/Provider (Dr./NP):</b>
<b>Community Team (services, therapist, etc.):</b>
<b>BCCH Team:</b>
<b>Current Mobility and Motilities to be achieved:</b>

FOR Sunny Hill Acute Rehab ONLY	
Request received	Receipt of referral sent acknowledged by
Request reviewed for intake by:	
Request accepted:	Request declined & reason:
Family Contacted by    Phone    In person	see documentation in SH chart
Welcome Letter to family	
Sunny Hill Acute Rehab Team needed:	No    Yes- requested    Neuro Motor    Ortho    Brain Injury
Sunny Hill Chart requested and documentation added on	