



**Contact Information**

Phone: 905 615-4770 Ext.2279

Fax: 905 615-4772

**REFERRAL FOR PARTICIPATION**

The Next Step to Active Living is a Therapeutic Recreation program linking adults with acquired physical disabilities to an active independent lifestyle within the community.

**Acceptance to this program requires physician approval.**

Consent to Share Information with CCAC: Yes  No  HC# \_\_\_\_\_

Site Requested: South Common  Huron Park

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yy

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Trans Help# \_\_\_\_\_

Telephone (DAYTIME): \_\_\_\_\_  WC  Cane  Walker

Emergency Contact Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Referred By:  CVH  CVRC  Trillium  Self Other \_\_\_\_\_

Referral Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Diagnoses: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Diagnoses: \_\_\_\_\_ Date: \_\_\_\_\_

Medical History: \_\_\_\_\_

**PHYSICIAN'S SECTION (PLEASE PRINT)**

\_\_\_\_\_ may participate in the Next Step to Active Living Program with the following guidelines:

- Unrestricted physical activity (start slowly and build up gradually)
- Progressive physical activity with avoidance of \_\_\_\_\_
- Progressive physical activity with inclusion of \_\_\_\_\_

Current Blood Pressure: \_\_\_\_\_ Date taken: \_\_\_\_\_

Seizure:  Yes  No If yes, date of last seizure \_\_\_\_\_

Allergies:  Yes  No If yes, please specify \_\_\_\_\_

Diabetic:  Yes  No

Hot tub (40° Celsius)  Yes  No

Sauna  Yes  No

<p>Doctor's Stamp:</p>    	<p>Doctor's Signature:</p>  <hr/> <p>Date: _____</p>
--	--

RECREATION / LEISURE INTEREST

Leisure Interests: \_\_\_\_\_

\_\_\_\_\_

Goals: \_\_\_\_\_

\_\_\_\_\_

**Please complete the following sections, if applicable:**

PHYSIOTHERAPY

Ambulates \_\_\_metres  Independently  Minimal Supervision  Maximum Assistance

Supervision:  Maximum plus set up  Minimal (verbal guidance)

Contraindicators: \_\_\_\_\_

Therapy exercises: Pool experience at therapy:  Yes  No

Recommend pool  Yes  No

Exercise Programme: \_\_\_\_\_

\_\_\_\_\_

Goals: \_\_\_\_\_

\_\_\_\_\_

OCCUPATIONAL THERAPY

Cognitive Ability: \_\_\_\_\_

\_\_\_\_\_

Physical Function: \_\_\_\_\_

\_\_\_\_\_

Personal Care \_\_\_\_\_

\_\_\_\_\_

SPEECH THERAPY

Areas of difficulty: \_\_\_\_\_

\_\_\_\_\_

Goals/ Strategies: \_\_\_\_\_

\_\_\_\_\_