



SPROUT (Specialized Pediatric Rehabilitation OUTpatient) REFERRAL FORM

Sunny Hill Health Centre at BC Children's Hospital. 4500 Oak St, Vancouver BC V6H 3N1
Please complete and fax the referral to: (604) 875-2333 Phone: (236) 427-9235 ext. 459235
For questions or inquiries, please email SPROUT@cw.bc.ca

Referring Provider:	Completed by (if different):	Contact (phone or email):	Referring Date:
Patient Legal Name:	Preferred Name:	Pronouns:	
Date of Birth:	MRN:	PHN:	
Primary Caregiver(s):	Contact(s):		
Primary Address:			
Does the patient need social work assistance for accommodation/transportation?	Yes	No	N/A
Interpreter needed	No	Yes	Language:
Family Physician:	Pediatrician:		
Reason(s) for Referral <i>Please attach relevant documents (e.g.: clinical notes, therapist notes, imaging reports)</i>			
Therapy Requested and Associated Rehabilitation Goals:			
Physiotherapy:			
Occupational Therapy:			
Recreation Therapy Aquatic Therapy - please specify any safety concerns for pool			
<i>Optional: Please specify any additional comments or therapy you would like the patient to receive</i>			
Current Mobility (i.e.: weight bearing status or activity restrictions)		If applicable, GMFCS Level:	
Gait Aids or Bracing Needs:			
Select all relevant conditions for this referral and add details if needed.			
Anticipated Respiratory Needs	Autism	Cardiac Compromise	
Contact Precautions	Epilepsy/Seizure	Non-Speaking	
Pressure Sores/Skin Issues	Psychosocial/Behavioural Concerns	Swallowing/Special Dietary Needs	
Details:			