





_____ 's discharge summary

from the Comprehensive Outpatient Rehabilitation Program (CORP)

Who to contact for information after I am discharged

If worried or have questions about:

-  Medications or how to take them - call my Pharmacist
-  Health concern or changes, or to review my medications needs - call my family physician or nurse practitioner
-  Home care services or if I am having challenges managing at home, call Home & Community Care directly, no referral is needed. 1-800-811-5146
-  Information about other services or resources
 - Call London Middlesex Community Support Services Central Intake - 519-673-6617
 - See the Education/information section of my care resource binder

No family physician? Call Health Care Connect at 1-800-445-1822 to find a health care provider in my area or go to a walk-in clinic.

How I might feel and what to do

If I experience any of these signs:

- F**ACE **Is it drooping?**
- A** RMS **Can I raise both?**
- S**PEECH **Is it slurred or jumbled?**
- T**IME **Call 911 right away**



Call 911

It is common to continue to feel physical and emotional changes.

Notice something new or getting worse? I should call my family physician



No driving unless I am cleared by my physician

To continue my ongoing rehabilitation and recovery I need to:

- Continue the **home programs** and **guidelines** provided to me:

The details of each program checked ✓ are in the Discharge section of my binder

- Occupational Therapy _____
- Physiotherapy _____
- Social Work _____
- Speech Language Pathology _____
- Swallowing guidelines _____
- Driving: see my physician to review next steps before I return to driving
-
-

- Follow these recommendations made for me:

Communication Guidelines:

- Family/friend support required for appointments
- Benefit from writing key words and repetition
- Require communication book
- Benefit from Yes/No questions

To continue my ongoing rehabilitation and recovery I need to:

- Get involved with my community partners

Community services recommended to me have been checked ✓

Details are in the Discharge section of my care resource binder.

- SMART exercise program
- DALE Brain Injury Services
- TAAPS Pool Program
- Private Physiotherapy
- Third Age Outreach
- Western University Speech Clinic
- Life After Stroke Program
- YMCA
- Stroke Recovery Chapter
-

- Continue to use or purchase, rent or borrow the following equipment - it will help me be healthy and active ✓

- Ankle Support _____
- Walker _____
- Walking Poles _____
- Theraband _____
- Slider _____
- Dressing Aids _____
- Splint _____
- Adaptive Aids _____
- Kitchen Aids _____
- EMS/TENS _____
-

My follow up appointments:

My follow up **hospital medical** appointments have been reviewed with me and the list is attached Yes

- Yes, this discharge summary has been reviewed with me
- Yes, I had the opportunity to ask questions

Patient or family caregiver signature _____

Date: _____

Example