Hôpital général de la baie Georgienne
GEORGIAN BAY
General Hospital

AUTHORIZATION FOR RELEASE of Patient record and Rehab Referral
PATIENT CONSENT

To be completed for all referrals:

Print name of patient/ Substitute Decision maker: _____

Signature of Patient/Substitute decision maker: _____

Relationship to patient if signed by substitute decision maker: _____

Date: _____

Information Release

I hereby understand and consent that the information contained in this referral form and the necessary medical records, will be sent to GBGH Midland site in order for the Rehab unit to review my application for rehabilitation.

Consent to Treatment

I also understand that I will be asked to go on weekend passes when recommended by the health care team and will fill out the pass evaluation form. My caregiver may be asked to participate in education sessions and interdisciplinary/family meetings. I understand that visiting hours are 2pm-8pm on weekdays and 2pm – 8pm on weekends. I understand that I am responsible for transportation to and from pre scheduled appointments. I understand that if I am unable to participate and or benefit from this program, I will be discharged to another service or discharged back to the referring facility.

GUARANTEE OF REPATRIATION

Should the above named patient require re-admission to our facility or is no longer able to participate or benefit from the Rehab program, we will accept the patient for admission to our facility given three days notice.

Facility Representative:_____

Signature:_____