

Community Stroke Rehabilitation Program

Transition Checklist

This checklist aims to support awareness and linkages to community support services following discharge from the Community Stroke Rehabilitation Program.

Service	Organization
 Rehabilitation Does the client need ongoing services? Is the client eligible through Home and Community Care Support Services? Is outpatient rehabilitation an option? 	 Home and Community Care 310-222 Outpatient Rehabilitation Perth 613-267-1500 x2127 Belleville 613-969-7400 x2633 Outpatient Physiotherapy Kingston 613-544-4900 x53231
 Exercise Can the client participate safely? Has the client been provided with information on stroke-specific exercise groups? Is there an opportunity to connect with the exercise provider prior to discharge or to attend a class with the client? 	Stroke-Specific Exercise Groups • LLG 613-342-3693 x2303 • HPE 613-392-4181 x5350 • KFLA 613-634-0130 x3414 Revved Up – Kingston
Life roles/Vocations	Return to Work Toolkit March of Dimes Community Brain Injury Services SouthEasthealthline Pathways to Independence



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Service	Organization
 Help in the Home Does the client require assistance with IADLs, home maintenance or meals? 	Home and Community Care • 310-2222 SouthEasthealthline
 Psychosocial Does the client need ongoing services? Has the client been referred to Social Work? Has the client and family been provided with information on stroke support groups? 	Home and Community Care • 310-2222 Stroke Support Services • LLG 613-342-3693 x2043 • HPE 613-969-0130 x5207 • KFLA 613-634-0130 x3469 SouthEasthealthline
 Communication Does the client need ongoing services? Has the client been provided with information on aphasia supportive conversation groups? 	Aphasia Supportive Conversation Groups • LLG 613-342-3693 x2043 • HPE 613-969-0130 x5207 • KFLA 613-634-0130 x3469 The Aphasia Institute
 Transportation Does the client require support with transportation or driving? 	SouthEasthealthline Driving after Stroke Resource