



StrokeUnderstood

# Referral to Community Stroke Support Services

Please check which area the referral is being made for:

**Lanark, Leeds & Grenville**

Jennifer Godkin Rec Therapist  
Senior Support Services (CPHC)  
[jgodkin@cphcare.ca](mailto:jgodkin@cphcare.ca)  
1-800-465-7646 x2043  
Fax: 613-342-6788

**Kingston Frontenac  
Lennox & Addington**

Emilia Leslie MSW, RSW  
Greater Kingston Victorian Order of Nurses  
[emilia.leslie@von.ca](mailto:emilia.leslie@von.ca)  
613-634-0130 x3469  
Fax: 613-634-0125

**Hastings & Prince Edward  
Counties**

Lorraine Pyle RSSW  
Community Care for South Hastings  
[lorrainep@ccsh.ca](mailto:lorrainep@ccsh.ca)  
613-969-0130 x5207  
Fax: 613-969-1719

## REFERRAL SOURCE

Date: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Name of Person Referring: \_\_\_\_\_ Phone: \_\_\_\_\_

## CLIENT DEMOGRAPHICS

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*\*\*Verbal Consent Given\*\*\*:  Yes  No

## ALTERNATE CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## SERVICES OF INTEREST

Stroke Survivor Support     Caregiver Support     Young Stroke Survivor  
 Aphasia/Communication     Other: \_\_\_\_\_

## BACKGROUND

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

Functional Abilities: (i.e. communication, ambulation, wheelchair, walker, cane, vision/hearing)  
\_\_\_\_\_  
\_\_\_\_\_

Primary Language:  English     French    Other: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_