

**NORTH BAY GENERAL HOSPITAL  
MCLAREN SITE**

MULTIDISCIPLINARY ASSESSMENT AND  
REFERRAL FOR INPATIENT REHABILITATION UNIT

Physiotherapy Report	Occupational Therapy Report
Speech Language Pathology Report	Nursing Report
Recreational Therapy Report	Social Work/Discharge Planner

**Note: Please copy this form and have each involved discipline complete  
ASSESSMENT:**


**TREATMENT:**


**CURRENT STATUS:**


**GOALS:**


Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_