TLC Home Mobility

Hospital Discharge Referral Form (Fillable)

For Hospitals • Rehab Clinics • Care Coordinators

1. Patient Information

Patient Name:

Phone Number:

Email:

Home Address:

City / Postal Code:

Primary Caregiver Name:

Caregiver Phone:

2. Discharge & Home Details

Planned Discharge Date:

Discharge Location:

Home Type (Bungalow / Multi-Level / Elevator):

Stairs / Access Notes:

3. Equipment Required

- ☐ Electric Hospital Bed
- ☐ Pressure-Relief / Air Mattress
- ☐ Transport Chair
- ☐ Patient Lift (Hoyer)
- ☐ Lift Chair / Recliner
- ☐ Knee Scooter
- ☐ Shower Chair / Bath Bench
- ☐ Grab Bars
- ☐ Manual Hospital Bed
- ☐ Standard Wheelchair
- ☐ Wheelchair w/ Elevating Leg Rests
- ☐ Sit-to-Stand Lift
- ☐ Walker / Rollator
- ☐ Bathroom Commode
- ☐ Raised Toilet Seat

Other Equipment / Notes:

4. Clinical / Mobility Notes

Diagnosis / Reason for Equipment:

Mobility Status:

Weight / Size / Bariatric Needs:

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5. Referring Clinician / Facility

Referring Clinician Name & Title:

Hospital / Clinic Name:

Unit / Department:

Phone Number:

Fax:

Email:

Preferred Contact Method: ☐ Phone ☐ Email ☐ Fax

6. Submission Instructions

Click the button below to email this completed referral directly to TLC Home Mobility:

Submit Referral via Email

Phone: 289-600-7226 | Email: info@tlchomemobility.com

Website: www.tlchomemobility.com | Serving Durham Region & the GTA