



VISIT DETAILS

Rehab

CHART ABSTRACTION

 VD-Rehab
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Visit Details

1. Facility Name:

2. Facility Arrival Date:

(Record the earliest documented date. If participant transferred from acute at the same facility, please enter date of transfer to rehab.)

 / /
 YYYY MM DD

Enter as much of the date as is known.

Traumatic participants require the form "visit details and clinical information non-participating facility" if they have visited non-RHSCIR facilities directly before being admitted to your facility.

3. a) For non-traumatic participants only, if they arrived from a hospital, what hospital did they come from?

 (name of hospital)

b) Level of Care:

(check ONE response only)

- ☐ Acute
☐ Rehab
☐ Transitional care
☐ Other (specify):

☐ Unknown

If participant transferred from acute ward at the same facility, please enter your facility name.

4. Facility Discharge Date:

 / /
 YYYY MM DD

Enter as much of the date as is known.

5. a) Discharge Destination:

☐ Hospital (Rehabilitation hospital for ongoing SCI-related care as well as mental hospital, or other acute care hospital for management of continuing medical issues after spinal cord injury-related care and/or rehabilitation is completed. This does not include long term care in a hospital setting.)

 Name of Hospital:

☐ Private residence (includes house, condominium, mobile home, apartment, or houseboat)

b) Level of Care:

(check ONE response only)

- ☐ Acute
☐ Rehab
☐ Transitional Care
☐ Other (specify):

☐ Unknown

CHART ABSTRACTION

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- ☐ Assisted living residence (semi-independent housing, a middle option between home support and residential care)
- ☐ Nursing home/ Long-term care within a hospital setting (includes skilled nursing facilities and institutions providing long-term, custodial, chronic disease care, and extended care)
- ☐ Group living arrangement (includes transitional living facility or any residence shared by non-family members)
- ☐ Hotel/motel (includes short or long-term living arrangements, single room occupancy, etc.)
- ☐ Correctional institute (includes prison, penitentiary, jail, correctional centre, etc.)
- ☐ Homeless (includes cave, car, tent, street, etc.)
- ☐ Morgue
- ☐ Other (specify): _____

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Data Collection Details

Collected by: (please print name)		Initial Here:		Date Abstraction Completed:	YYYY-MM-DD
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