



Telerehab Centre for ABI

We provide online, group therapy services to individuals across Ontario who are living with the enduring effects of an acquired brain injury.

What is offered?

- *Therapies focused on improving emotional and cognitive functioning*

Who is eligible to participate?

- *You may be eligible to participate if you are more than 6-months post-injury and/or do not have any current access to rehabilitation supports.*
- *A basic level of computer literacy is required, with access to an internet-connected computer or tablet preferred.*

What does the program involve?

The program offers several types of group therapy, each requiring a commitment of approximately 2.5 hours/week:

- *10 weeks of Goal Management Training (a cognitive intervention focused on improving planning and achieving goals);*
- *11 weeks of Cognitive Behaviour Therapy (a psychotherapy intervention focused on developing skills and strategies to manage emotions);*
- *9 weeks of Relaxation and Mindfulness Skills Training (an intervention focused on developing skills to improve emotional well-being and stress management).*

Depending on your needs, you may participate in all 3 modules or just 1.

All therapies are delivered online, through a secure videoconferencing platform.

Once your health care provider has made the referral, you will hear from us within 1-2 weeks to book a screening appointment to determine eligibility.



UHN

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

Referral Form for Telerehab Centre for ABI

Tel: (416) 597-3422 ext. 7871
Fax (416) 597-7097

Date (mm/dd/yyyy):

Client Name:

Telephone:

OK to Leave Message? Yes No

Date of Birth (mm/dd/yyyy): Age:

Family Doctor Yes No

Name: OHIP:

Addressograph

Referred By:
Role/Title:
Telephone:
Email:
Site/Program
UC: <input type="checkbox"/> Stroke <input type="checkbox"/> ABI Day Hospital
Rumsey: <input type="checkbox"/> Stroke <input type="checkbox"/> ABI Day Hospital
Other:

Please note that we currently offer **GROUP** therapies in an interactive, **ONLINE** format. **If your client is not comfortable using computers/tablets** (e.g., to browse the internet, download/store/use files, check e-mail, etc.), **has any communication challenges** (i.e., that might make online learning or group interactions difficult or stressful), **AND/OR if you have questions or concerns about your client's ability to participate, please check the box below and we will contact you first to discuss eligibility.**

Please contact me first to discuss eligibility

Otherwise, eligible referrals should meet the following criteria:

- history of any acquired brain injury (e.g., mild to severe TBI, stroke, MS, hydrocephalus, tumor)
- > 6-months post-injury (some clients may be eligible earlier, please contact the Centre to discuss)
- fluent in English
- no active psychosis

Date of ABI (mm/dd/yyyy):

Nature of ABI (e.g., concussion, mod-severe TBI, MS, etc.):

Access to neurorehabilitation: No Yes Inpatient Outpatient Private/Community-based

Details of ABI, comments or notes, or other relevant information (e.g., comorbid medical conditions)

Areas of Difficulty: please indicate all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Attention | <input type="checkbox"/> Yes <input type="checkbox"/> No Reasoning/Problem-Solving | <input type="checkbox"/> Yes <input type="checkbox"/> No Depression |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Learning/Mem. | <input type="checkbox"/> Yes <input type="checkbox"/> No Judgment/Decision-Making | <input type="checkbox"/> Yes <input type="checkbox"/> No Anxiety |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Language | <input type="checkbox"/> Yes <input type="checkbox"/> No Disinhibition/Impulsivity | <input type="checkbox"/> Yes <input type="checkbox"/> No Anger/irritability |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Speed | <input type="checkbox"/> Yes <input type="checkbox"/> No Initiation/Apathy | <input type="checkbox"/> Yes <input type="checkbox"/> No Social Pragmatics |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Planning/Org. | <input type="checkbox"/> Yes <input type="checkbox"/> No Perseveration | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Other(s): | | |

Insight Does your client demonstrate reduced or limited awareness of his/her challenges and difficulties, and how these issues interfere with his/her everyday activities? Yes No

Please fax completed forms to (416)-597-7097

You will receive an email confirmation to confirm receipt - incomplete forms will be returned