



# Northwest Renal Network

## Barriers to Rehabilitation Scan

Fax back to: 206-923-0716

State:

Questions:	
1) Does your facility prioritize schedules for people who work or attend school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are your nephrologists willing to write orders for physical therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) In general, are the nephrologists in your community supportive of patients working? <input type="checkbox"/> Not Supportive <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat Supportive <input type="checkbox"/> Very Supportive <input type="checkbox"/> Don't Know	
4) Do you have a personal contact at your local State Department of Vocational Rehabilitation (DVR) Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Have you referred at least one patient to DVR within the last year: * If <u>YES</u> , answer these follow-up questions: a. Did the patient follow through on contacting DVR? b. Did the patient successfully receive services from DVR? c. What barriers did the patient encounter if any:  _____  _____  _____  * If <u>NO</u> , answer these follow-up questions: a. Why have you not referred anyone? (Check all that apply) <input type="checkbox"/> No patients in need of services <input type="checkbox"/> DVR not providing services to kidney patients <input type="checkbox"/> Patients not interested <input type="checkbox"/> Referred to other community agencies and programs <input type="checkbox"/> Other, please comment:  _____  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6) What do you see are the barriers for patients either continuing to work or returning to work?  _____  _____	
7) What do you see are the barriers for patients achieving other rehabilitation goals?  _____  _____	