Halton Healthcare

Georgetown Hospital 905-873-4509
Milton District Hospital 905-876-7022
Oakville Trafalgar Memorial Hospital 905-338-4613

Outpatient
Rehabilitation Services Referral

Name: _____

D.O.B. _____

Health Card: _____

Telephone (Home): _____

(Work): _____

(Cell): _____

Hand Therapy Program
- ❒ **Occupational Therapy**
- ❒ **Physiotherapy**

Physiotherapy Program
- ❒ **Physiotherapy**

❒ Outpatient ❒ Inpatient (Entered in Order Entry) ❒ Urgent ❒ W.S.I.B.

REFERRING DIAGNOSIS: _____

SPECIAL INSTRUCTIONS: _____

_____

TREATMENT GOALS: _____

_____

Date of Onset of Injury / Procedure:

_____

Referral Criteria:
- ❒ Recent Surgery/Fracture
- ❒ Acute Conditions: 6 weeks or less

♦ Have X-Rays Been Taken? ❒ No ❒ Yes – If not at Halton Healthcare, please have patient provide CD of x-rays

♦ Weight Bearing Status: ❒ None ❒ Parial ❒ Full ❒ Increase as Tolerated

Physician's Signature: _____ Date: _____

Physician's Name (Print): _____

NEXT APPOINTMENT WITH PHYSICIAN:

_____

For Upper Extremity Fracture Bracing Referrals Only

Delegated By: _____ M.D. Date: _____

Delegation Accepted by: _____

H3042

Office Use Only

Date Referral Received: _____

Attempts To Contact Patient: Date _____ Time _____ Clerk _____
Date _____ Time _____ Clerk _____
Date _____ Time _____ Clerk _____

Treatment Given: _____

Comments: _____

Appointment Booking: _____