



### Physiotherapy Outpatient Referral

HCN: \_\_\_\_\_  
 Province/Territory: \_\_\_\_\_ Expiry: YYYY / MON / DD  
 Name: First Middle Surname  
 Date of Birth: YYYY / MON / DD Sex:  M  F  UN  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov/Terr: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: (Indicate Preferred)  Home (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Cell (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  Work (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Ordering Provider's Name: _____ Clinic Name: _____ Mailing Address: _____ City: _____ Prov/Terr: _____ Postal Code: _____ Phone: (____) - ____ - ____ Fax: (____) - ____ - ____ Ordering Provider's Meditech Mnemonic: _____ Signature: _____ Date: <u>YYYY</u> / <u>MON</u> / <u>DD</u>	<b>Clinic Stamp:</b> (include fax, provider and mnemonics)           <b>EMR Clinic Mnemonic:</b> _____ <b>COPY TO PROVIDER</b> _____
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Self referral  Yes  No Patient is aware of and agrees to this referral  Yes  No

**Reason for Referral / Diagnosis:**

Date of onset/injury: YYYY / MON / DD  <6 weeks  6-12 weeks  >12 weeks  
 Recent Surgery/Fracture/Dislocation or Hospital Admission for this condition?  Yes  No  
 If yes, Date of Discharge YYYY / MON / DD  
**Details**

Is there a treatment protocol or recommended treatment?  Yes  No  
**Details**

Previous physiotherapy for this condition?  Yes  No If yes, when? YYYY / MON / DD  
 Is this a work related injury?  Yes  No Note: If covered by Workplace NL, please refer to a private clinic.  
 Off work/school because of injury?  Yes  No  
 Electronic or magnetic implant?  Yes  No  
 Recent history of falls?  Yes  No  
 Gait safety concerns?  Yes  No  
 Can this person leave their home?  Yes  No

**Special considerations/contraindications:**

Signature: \_\_\_\_\_

Date: YYYY / MON / DD

INCOMPLETE REFERRALS WILL BE SENT BACK TO REFERRAL SOURCE



Print Form

## PHYSIOTHERAPY OUTPATIENT REFERRAL

### RHA SPECIFIC INSTRUCTIONS/GUIDELINES

#### EASTERN HEALTH

**St. John's :**

Health Sciences Centre	T: (709) 777-6460	F: (709) 777-7826
St. Clare's Mercy Hospital	T: (709) 777-5404	F: (709) 777-5770

Email [outptphysiotherapy@easternhealth.ca](mailto:outptphysiotherapy@easternhealth.ca)

**Other Eastern Health sites:**

Burin Peninsula Health Care Centre	T: (709) 891-3390	F: (709) 891-3479
Dr. G. B. Cross Memorial Hospital	T: (709) 466-5384	F: (709) 466-5943
Carbonear General Hospital	T: (709) 945-5238	F: (709) 945-3051
Placentia Health Centre	T: (709) 227-4115	F: (709) 227-5476
Bonavista Peninsula Health Centre	T: (709) 468-5214	F: (709) 468-7690
Dr. S. Beckley Health Centre	T: (709) 832-3305	F: (709) 832-1164

#### CENTRAL HEALTH

Physiotherapy Central Intake	T: (709) 292-2442	F: (709) 292-2300
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#### WESTERN HEALTH

Western Memorial Hospital	T: (709) 784-5582	F: (709) 637-5040
Sir Thomas Roddick Hospital	T: (709) 643-5111 ext: 298	F: (709) 643-1226
Dr. Charles LeGrow Health Centre	T: (709) 695-4530	F: (709) 695-3504
Bonne Bay Health Centre	T: (709) 458-2211 ext: 219	F: (709) 458-3291
Rufus Guinchard Health Centre	T: (709) 861-3139	F: (709) 861-3772

#### LABRADOR-GRENFELL HEALTH

Charles S. Curtis Memorial Hospital	T: (709) 454-0137	F: (709) 454-2475
Labrador Health Centre	T: (709) 897-2142	F: (709) 897-2157
Labrador West Health Centre	T: (709) 285-8345	F: (709) 944-3848

