



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 Stamp: (include fax, provider and mnemonics)
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>	EMR Clinic Mnemonic: _____
	COPY TO PROVIDER _____

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



Clear Form

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

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

