Haliburton Highlands Health Services

OUTPATIENT PHYSIOTHERAPY REFERRAL

Haliburton Hospital and Minden Health Hub

Telephone: 705-286-2140 Ext: 2226
Fax: 705-286-4254 (All referrals)

Note: Due to capacity, we are not accepting referrals for patients with chronic conditions. We recommend that you inform your client of other physiotherapy services in the community. To ensure appropriate prioritization, thorough completion of this referral is required. Incomplete referrals may delay admission to therapy.

Patient: _____ Date of birth: _____/____/_____
Last First dd/mm/yy

Address: _____

Health card #: _____ Expiry date: _____

Primary phone: (_____) _____-_____ Secondary phone: (_____) _____-_____

Referring Diagnosis: _____

Date of onset/injury/surgery: _____/_____/_____
dd/mm/yy

Eligibility:

- ❑ 19 years or younger
- ❑ 65 years or older
- ❑ ODSP/OW
- ❑ Post-hospitalization/day surgery Hospital:_____ Surgeon: _____

Note: We do not accept MVA or WSIB

Please indicate the acuity of the condition:

- ❑ Acute 0 – 6 weeks since onset of injury or condition
- ❑ Sub - acute 0 – 12 weeks since onset of injury or condition
- ❑ Prehab Within 8 weeks **prior** to hip, knee or shoulder replacement (Over 65+ yrs only)

Relevant clinical findings (please attach relevant diagnostic test results):

_____

_____

Relevant medical history (e.g. diabetes, heart disease, ca):

_____

_____ _____
Physician/nurse practitioner name Telephone

_____ _____
Physician/nurse practitioner signature Date

Physician's college billing #: _____ Physician's CPSO #: _____