



Haliburton Highlands Health Services
OUT-PATIENT PHYSIOTHERAPY REFERRAL

P.O. Box 115, Haliburton, ON, K0M 1S0

Telephone: 705-286-2140 Ext: (2226)

Fax: 705-286-0730 Minden (Primary) Fax: 705-457-2398 (Haliburton)

NOTE: Due to capacity, we are NOT accepting referrals for patients with sub-acute and 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: Last First Date of Birth: dd/mm/yy

ADDRESS:

HEALTH CARD #: EXPIRY DATE:

TELEPHONE: (H)() - (W)() -

REFERRING DIAGNOSIS: Office Use Only: Referral Diagnostic Code:

DATE OF ONSET/INJURY: dd/mm/yy DATE OF SURGERY/PROCEDURE: dd/mm/yy

POST OP: ODSP/OW: WE DO NOT ACCEPT MVA OR WSIB

HOSPITAL WHERE SURGERY WAS PERFORMED:

NAME OF SURGEON:

RELEVANT CLINICAL FINDINGS: (PLEASE ATTACH RELEVANT DIAGNOSTIC TEST RESULTS)

RELEVANT MEDICAL HISTORY: (e.g. Diabetes, Heart Disease, CA)

PLEASE INDICATE THE ACUITY OF THE CONDITION: (based on OBJECTIVE findings)

ACUTE 0 - 6 WEEKS (Under 19yrs and Over 65yrs of age only)

POST - OP 0 - 6 WEEKS

Physician/Nurse Practitioner Name Signature Date Telephone

Physician's College Billing # Physician's CPSO # Last Revised OCTOBER 2024