

MARKHAM STOUFFVILLE HOSPITAL

Markham site Uxbridge site
 T. (905) 472-7040 T. (905) 852-9771 ext 5260
 F. (905) 472-7135 F. (905) 852-2460

**Rehabilitation Services
 OUTPATIENT REFERRAL**

- Physiotherapy**
 Occupational Therapy (Markham site only)

Name:		Sex	Date of Birth: d/m/y	Health Card #
Address				Telephone #
Date of Accident or Injury	<input type="checkbox"/> WSIB	Employer:		WSIB Claim #
	<input type="checkbox"/> MVA	Insurance Carrier:		Claim #

Incomplete referrals cannot be processed

Diagnosis:

Surgical Procedures:	Surgery Date	Discharge Date

Reason for Referral:

Ambulatory Status

Non-weight bearing Partial weight bearing Other, specify _____
 Full weight bearing Feather weight bearing

Precautions: None

Cardiac Problem Epilepsy Metal Implant
 Hypertension Diabetes Pregnancy

Medications:



<p align="center">For Office Use Only</p> <p>P1 P2 P3 P4 O1 O2 O3 O4 AS AG AB ATAS AMSH _____</p> <p><input type="checkbox"/> 30 Date: _____ <input type="checkbox"/> 60 Time: _____ <input type="checkbox"/> 90 Therapist: _____</p>	Physician's Name (please print)	Physician's Phone No.
	_____ Signature of Referring Physician Date	