MARKHAM STOUFFVILLE HOSPITAL CORPORATION

Please print clearly or affix label with complete information

☐ Lifemark - Markham Church Street (Ninth Line & Hwy 7)
T. (905) 471-4259
F. (905) 471-3751

☐ Uxbridge site
T. (905) 852-9771 ext 5260
F. (905) 852-2460

☐ Lifemark - Unionville Gate (Kennedy Rd & Hwy 407)
T. (905) 479-0869
F. (905) 479-0672

OUTPATIENT REHABILITATION SERVICES REFERRAL

☐ **Physiotherapy** ☐ **Occupational Therapy** (Markham Stouffville Hospital, Markham site only)

Name	Sex	Date of Birth: (DD/MM/YY)	Health Card #
Address			**Telephone #**
Date of Accident or Injury	☐ **WSIB** ☐ **MVA**		

Incomplete referrals cannot be processed

Diagnosis:

Surgical Procedures:	**Surgery Date**	**Discharge Date**
		Discharge Time

Reason for Referral:

Restrictions

☐ No hip flexion past 90°
☐ No hip adduction past neutral (0°)
☐ No hip internal rotation
☐ No active hip abduction
☐ No hip extension past neutral (0°)

Ambulatory Status

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

Precautions ☐ **None**

☐ Cardiac Problem ☐ Epilepsy ☐ Hypertension ☐ Diabetes

Physician's Name

☐ Dr. S. McMahon ☐ Dr. C. Smith ☐ Dr. T. Teshima ☐ Dr. K. Koo
☐ Dr. S. Haider ☐ Dr. D. Santone ☐ Dr. R. Wallman ☐ Dr. V. Sharma
☐ Dr. H. Shirali ☐ Dr. J. Kao ☐ Other _____

_____ _____
Signature of Referring Physician Date

Response returned to: Uxbridge: P1 P2 P3 P4

☐ 3WF	P.905-472-7143	F.905-472-7584
☐ 3WH	P.905-472-7035	F.905-472-7565
☐ SDCU	P.905-472-7036	F.905-472-7559
☐ OPS-DSU	P.905-472-6833	F.905-472-7369
☐ 3 Centre	P.905-472-7114	F.905-472-7004

Date sent to Lifemark _____

Lifemark Office Use Only

Appt Date: _____ Time: _____ Location: _____

Date returned to unit _____ Time _____