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
- ☐ Lifemark - Unionville Gate (Kennedy Rd & Hwy 407)
  T. (905) 479-0869
  F. (905) 479-0672
- ☐ Uxbridge site
  T. (905) 852-9771 ext 5260
  F. (905) 852-2460

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**	**Extended Health Benefits?** ☐ Yes ☐ No	

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

Ambulatory Status

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

Precautions ☐ **None**

- ☐ Cardiac Problem
- ☐ Epilepsy
- ☐ Hypertension
- ☐ Diabetes

Physician's Name

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

____________________ Signature of Referring Physician ____________ Date

Date sent to Lifemark ____________________

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
☐ SADU	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

Lifemark Office Use Only

Appt Date: ________ Time: ________ Location: ____________

Date returned to unit ____________ Time ___________