

Addressograph

PHYSIOTHERAPY REFERRAL



Brampton Civic Hospital
2100 Bovaird Dr
Brampton, ON
L6R 3J7
Ph # 905-494-6540
Fax # 905-494-6499



Etobicoke General Hospital
101 Humber College Blvd
Etobicoke, ON
M9V 1R8
Ph # 416-747-3400 Ext 32046
Fax # 416-747-3399

Name: _____

Home Telephone: _____ Business Phone: _____

Health Number: _____ Date of Birth: _____

Availability: ☐ Morning ☐ Afternoon ☐ Anytime

Diagnosis:

Date of onset/ injury/ surgery: _____

Contraindications/ Restrictions/ Other: _____

Severity of injury:

- ☐ Urgent (Torticollis, Manipulations, Burns, Acute, chest)
- ☐ Acute (0-6 weeks) (Post-ops, Fractures, Plastics, CVA/ Neuro, Back/ Neck pains <1 month, Post Rehab)
- ☐ Subacute (Tendonitis, Back/ Neck pain < 6 months, pain management, OA)
- ☐ Chronic (Back/Neck pain and any other condition > 6 months) closed, 0 taking

Weight bearing status:

☐ Non ☐ Feather ☐ Partial ☐ WBAT ☐ Full

Treatment Goals/ Parameters: _____

Physician's Signature: _____ Referral date: _____