



Physiotherapy Services

Self Referral for Outpatient Physiotherapy

Check the site where you want to attend physiotherapy:

- ACHC Ph: 902-532-7446 Fax: 902-532-0977
- SMH Ph: 902-825-6160 ext 1762358
Fax:902-825-1282
- WKM Ph: 902-679-2770 Fax: 902-679-2499
- VRH Ph: 902-679-2770 Fax: 902-679-2499
- EKM Ph: 902-679-2770 Fax: 902-679-2499

Please answer every question. Please print.

Name: _____ Birth Date: _____
 Phone where a message can be left: _____ Alternate phone: _____
 Address: _____
 Postal Code: _____ Health Card #: _____ Expiration: _____
 Why do you need physiotherapy? _____

When did this problem start? _____
 List any tests (x-rays, MRI, CT or lab) you have had done in past year: _____

List any other health professionals you are seeing for this problem: _____

Check the activities that are affected by this problem:

- Self Care Walking Work (last work date _____)
- Other: _____

Are you falling more over the past month? Yes/ No If so, how often? _____

Translation services are available. Please indicate your preferred language _____

Will you require an interpreter for the hearing impaired? Yes No

What else do we need to consider when booking your appointment? _____

Signature: _____ Date: _____

Bar Code