OUTPATIENT PHYSIOTHERAPY REFERRAL

	Phone	Fax		Phone	Fax
❑ Cobequid Community Health Ctr	902-869-6116	902-865-6018	❑ Hants Community Hospital	902-792-2071	902-792-2135
❑ Dartmouth General Hospital	902-465-8303	902-465-8304	❑ Musquodoboit VM Hospital	902-384-2220	902-384-3310
❑ Eastern Shore Memorial Hospital	902-885-3621	902-885-3210	❑ Twin Oaks Memorial Hospital	902-889-4113	902-889-2470
❑ Halifax Area:	902-473-1288	902-473-3398			
Veteran's Memorial Building (Camp Hill), Bayer's Lake Community Outpatient Centre, NS Rehabilitation and Arthritis Centre					

PLEASE PRINT

❑ Alternate contact: _____ ❑ Phone: _____

❑ Interpreter needed - Language: _____

DIAGNOSIS/RELEVANT MEDICAL HISTORY: _____

_____

_____

Tests/X-ray Results: _____

❑ Acute onset (0-6 weeks) Date: _____ (YYYY/MON/DD)

❑ Exacerbation of chronic condition Date: _____ (YYYY/MON/DD)

❑ Chronic condition

❑ Recent hospitalization: _____

PRECAUTIONS: _____

_____

REASON FOR REFERRAL: _____

_____

_____

❑ **Post-op follow-up:** **Surgery date** (YYYY/MON/DD): _____ **Recheck** (YYYY/MON/DD): _____

Weight bearing status: ❑ NWB ❑ PWB: _____ ❑ WBAT

❑ **Recent decline in function:**

❑ Self care ❑ Transfers ❑ Ambulation ❑ Work (last work date): _____ (YYYY/MON/DD)

❑ **History of Falls:** Frequency: _____ /Week _____ /Month

❑ **Instruction/Review of exercise program**

❑ **Respiratory issues/Training:** _____

Present mobility status: _____

Home Support/Situation: _____

Referral Source: Name: _____ Phone: _____
(Please print) Designation

Signature: _____ Date: _____
(YYYY/MON/DD)