

REFERRAL DETAILS

Preferred Zone: ☐ Eastern Urban ☐ Eastern Rural ☐ Western ☐ Central ☐ Labrador-Grenfell

Referral Category: ☐ Neurological ☐ Musculoskeletal ☐ Respiratory/Other

If NEUROLOGICAL — Reason(s) for Referral

- ☐ Amyotrophic Lateral Sclerosis ☐ Multiple System Atrophy ☐ Progressive Supranuclear Palsy
☐ New Diagnosis of Cerebrovascular Accident ☐ New Diagnosis of Spinal Cord Injury ☐ New Diagnosis of Acute Brain Injury
☐ New Diagnosis of Traumatic Brain Injury ☐ New Diagnosis of MS/Parkinson's Disease ☐ Huntington's Disease
☐ Acute Vestibular/Dizziness Issues ☐ Chronic Vestibular/Dizziness Issues ☐ Chronic MS,CVA,CP,Parkinson's
☐ Aging Well Patients ☐ Recent D/C From Inpatient Setting (LOS 2-4 wks) ☐ Recent D/C from IP/Day Hosp (LOS 6wks+)
☐ High Risk for Falls

If MUSCULOSKELETAL — Reason(s) for Referral

- ☐ Pre-Admission ☐ TMJ ☐ Hip ☐ Ankle/Foot ☐ Breast Surgery ☐ Cervical Spine ☐ Hand ☐ Lumbar Spine ☐ Elbow
☐ Knee ☐ Mobility ☐ Shoulder ☐ Thoracic Spine ☐ Wrist

If Hip selected — Reason(s) for referral:

- ☐ Hip GLA:D ☐ Hip Post Op/Fracture ☐ Hip Soft Tissue/Other ☐ Hip Total Arthroplasty

If Ankle/Foot selected — Reason(s) for referral:

- ☐ Ankle/Foot Post Op/Fracture ☐ Ankle/Foot Soft Tissue/Other

If Breast Surgery selected — Reason(s) for referral:

- ☐ Breast Surgery Pre-Op ☐ Breast Surgery Post-Op

If Lumbar Spine selected — Reason(s) for referral:

- ☐ Lumbar Spine Post Op/Fracture ☐ Lumbar Spine Soft Tissue/Other

If Elbow selected — Reason(s) for referral:

- ☐ Elbow Post Op/Fracture/Dislocation ☐ Elbow Soft Tissue/Other

If Knee selected — Reason(s) for referral:

- ☐ Knee GLA:D ☐ Knee Post Op/Fracture/Dislocation ☐ Knee Soft Tissue/Other ☐ Knee Total Arthroplasty

If Mobility selected — Reason(s) for referral:

- ☐ Mobility Complex Oncology ☐ Mobility Risk of Fall

If Shoulder selected — Reason(s) for referral:

- ☐ Shoulder Post Op/Fracture/Dislocation ☐ Shoulder Soft Tissue/Other ☐ Shoulder Total Arthroplasty

If Thoracic Spine selected — Reason(s) for referral:

- ☐ Thoracic Spine Post Op/Fracture ☐ Thoracic Spine Soft Tissue/Other

If Wrist selected — Reason(s) for referral:

- ☐ Wrist Post Op/Fracture ☐ Wrist Soft Tissue/Other

Pre-Admission, TMJ, Cervical Spine, Hand — no sub-reason required.

If RESPIRATORY/OTHER — Reason(s) for Referral

Reason(s) for referral:

CLINICAL DETAILS

Date of Onset/Injury: _____

Recent Surgery/Fracture/Dislocation or Hospital Admission for this condition?

☐ Yes ☐ No

If Yes:

Date of Discharge: _____

Is there a treatment protocol or recommended treatment?

☐ Yes ☐ No

SELECT ALL THAT APPLY

- ☐ Gait safety concerns. ☐ Patient cannot leave their home. ☐ Off work/school because of injury.
☐ Person has private physiotherapy insurance. ☐ Previous Physiotherapy for this condition. ☐ Recent history of falls.
☐ Work related injury.

SPECIAL CONSIDERATIONS

Special considerations/contraindications:

REFERRAL TYPE & COMMENTS

Referral Type: ☐ New Referral ☐ Update to Existing Referral

Comments: _____
