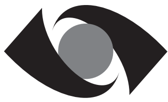

SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

The John + Margaret Bahen Rehabilitation Program

Health Record #: ____________ Complete or place barcoded patient label here
Patient Name: (Print first, last) ____________
DOB: mm / dd / yy Age: ______ ❑ Female ❑ Male
OHIP #: ____________ Version Code: ____________
Account #: ____________ Date of Admission: mm / dd / yy

Rehabilitation Referral

NOTE: If this referral is not complete or is illegible, it will be returned and the commencement of your patient's treatment may be delayed.

❑ **ARTHRITIS PROGRAM** Fax: 905-952-2816
❑ **OCCUPATIONAL THERAPY** Fax: 905-830-5982 ❑ Hand Program
❑ **PHYSIOTHERAPY** Fax: 905-830-5982 ❑ Paediatrics (0-6 yrs) ❑ Paediatrics Orthotic Clinic
❑ Orthopaedics: ❑ Prehab ❑ Post Surgery ❑ General

Patient Name: *(print first, last)* **Date of Birth:** mm / dd / yy
Patient Address: ❑ SRHC Inpatient ❑ Other: ____________
Telephone # Home: **Alternate Phone #:**
Health Card #: **Version Code:** **WSIB:**
Emergency Contact or Parent/Guardian Name: *(if under 16 yrs)*
Telephone # Home: **Alternate Phone #:**

DIAGNOSIS:

Date of Onset: mm / dd / yy **Date of Surgery:** mm / dd / yy
X-ray information/Lab Work:

Required Information for Spinal Conditions:
Radicular Pain: ❑ No ❑ Yes TO ❑ Elbow ❑ Wrist ❑ Knee ❑ Foot
Neurological Signs: ❑ No ❑ Yes

Relevant Informations/Other Conditions:
❑ Age 65 or over
❑ Age 19 or younger
❑ ODSP/Ontario works

Off work due to this episode: ❑ No ❑ Yes If yes, date of last time worked: mm / dd / yy
Precautions: ❑ Malignancy ❑ Diabetes ❑ Cardiac ❑ Respiratory ❑ Other *(explain)* ____________
Weight Bearing Status: ❑ Non WB ❑ Partial WB ❑ Full WB ❑ Wheelchair

BY SIGNING THIS FORM, I CONFIRM THAT THIS PATIENT IS AWARE OF THIS REFERRAL

Referring Physician Name: *(print first, last)* **Billing #:**
Referring Physician Signature: **Date:** mm / dd / yy
Phone Number: **Fax Number:**
Other Physicians to receive copies of report:

CLINIC USE ONLY
Date referral received: mm / dd / yy **APPOINTMENT – Date:** mm / dd / yy **Time:** ____________