

**PHYSICAL MEDICINE AND
REHABILITATION
OUTPATIENT CLINIC REFERRAL**

Fax Referral to Providence Care Central Intake 613-548-5595

Please note an incomplete referral form and missing documentation will result in requests for additional information and a delay in processing your referral

DATE OF REFERRAL: YYYY/MM/DD

REFERRAL SOURCE:

OUTPATIENT CLINIC REQUESTED/DESIRED:

MUSCULOSKELETAL MEDICINE:

- General Physical Medicine (such as spinal, shoulder and knee injuries)
 Chronic Pain Sports Medicine

NEUROREHAB:

- Stroke Acquired/Traumatic Brain Injury Multiple Sclerosis
 Spinal Cord Adult Neuromuscular Clinic Other neuro: _____
 EMG (Electromyography)/Nerve Conduction Studies
-

REASON FOR REFERRAL/REFERRAL QUESTION(S):

RELEVANT HISTORY RE: REASON FOR REFERRAL:

Please attach your patient's **Electronic Medical Record** information including past medical/mental health history and current medications **and all** reports of relevant investigations and previous consultations regarding the presenting problem.

OR

Complete the back of this referral form

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OPTIONAL: To be completed if the patient's Electronic Medical Record is not attached

PAST MEDICAL/SURGICAL/MENTAL HEALTH HISTORY (Relevant):

Past/Ongoing Medical Problems:

Previous Surgeries:

Mental Health conditions:

Substance Abuse:

CURRENT MEDICATIONS

Name	Dose	Name	Dose
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

NON PHARMACOLOGIC TREATMENT TO DATE

- Physiotherapy:
- Occupational Therapy:
- Psychology:
- Complementary Medicine: Chiropractic Acupuncture Massage
- Other:

PREVIOUS RELEVANT INVESTIGATIONS (Please attach reports)

- X-ray:
- Magnetic Resonance Imaging (MRI):
- Computed Tomography (CT):
- EMG/Nerve Conduction Study (NCS):
- Other:

PREVIOUS RELEVANT SPECIALIST APPOINTMENTS (Please attach reports)

- Other pain specialist:
- Orthopedics:
- Neurosurgery:
- Psychiatry:
- Physical Medicine and Rehabilitation:
- Rheumatology:
- Other:

Print Name: _____ Signature: _____

**PHYSICAL MEDICINE AND
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ACQUIRED BRAIN INJURY CLINIC

Referral Criteria: Patients 16 years or older with an acquired brain injury.

Type of Service: Provides an initial consultation with a Psychiatrist to assess the severity and complications of an acquired brain injury, providing treatment and making referrals for appropriate assessments and treatment.

AMPUTEE REHABILITATION SERVICE CLINIC (ARS)

Referral Criteria: Patients with congenital or acquired limb loss and those considering elective amputation.

Type of Service: Provides two separate services: active rehabilitation for those patients who are deemed ready to train with a prosthesis, as well as a coordinated inter-professional assessment and follow-up service via the Amputee Rehabilitation Service Clinic.

EMG CLINIC

Referral Criteria: 13 years of age or older with suspected peripheral nerve and muscle disease or injury.

Type of Service: Diagnostic service utilizing clinical assessment in combination with peripheral nerve conduction studies and needle electromyography (EMG) for assessment of nerves and muscles.

MUSCULOSKELETAL CLINIC

Referral Criteria: Adult patients with acute or chronic spinal or limb pain.

Type of Service: Provides assessment for musculoskeletal injuries (pain of muscles, tendons, ligaments, joints and bones) and spine pain (low back pain, neck pain).

NEUROMUSCULAR CLINIC

Referral Criteria: Complex patients experiencing mobility, respiratory and/or cardiac consequences or complications due to their neuromuscular disease. Patients need to require the services of two or more of the Health Care Professional in the clinic.

Type of Service: Provides inter-professional assessment, education and monitoring for patients with neuromuscular diseases.

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NEUROREHABILITATION CLINIC

Referral Criteria: Medical referral for patients with neurological disorders including Multiple Sclerosis.

Type of Service: Provides assessment, education and symptomatic management of complications in neuromuscular diseases.

SPINAL CORD INJURY CLINIC

Referral Criteria: Patients 16 years or older who have spinal cord disease or spinal cord injury.

Type of Service: Provides assessment and management of consequences and complications of spinal cord disease or injury.

STROKE CLINIC

Referral Criteria: Adult patients who have experienced a stroke.

Type of Service: Provides assessment and management of stroke related impairment, disability and complications.