

**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

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

PHYSICAL MEDICINE AND REHABILITATION OUTPATIENT CLINIC REFERRAL

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 REHABILITATION OUTPATIENT CLINIC REFERRAL

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 Physiatrist to assess the severity and complications of an acquired brain injury, providing treatment and making referrals for appropriate assessments and treatment.

ADULT 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.

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; an 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).

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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.

RESPIRATORY REHABILITATION CLINIC

Referral Criteria: Patients experiencing shortness of breath due to COPD, asthma, lung disease or lung surgery.

Type of Service: Provides assessment of patients who are experiencing shortness of breath due to lung disease to determine their eligibility to participate in the Respiratory Rehabilitation Program.

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.