Markham Stouffville Hospital
Oak Valley Health

*Please print clearly or affix label with complete information*

☐ Lifemark - Location: _____ ☐ Other: _____

## Outpatient Rehabilitation Services Referral

☐ **Physiotherapy** ☐ **Occupational Therapy** (Markham Stouffville Hospital only)

| **Name** | Sex | Date of Birth: (DD/MM/YY) | Health Card # |
|---|---|---|---|
| **Address** | | | **Telephone #** |
| **Date of Accident or Injury** | ☐ **WSIB** ☐ **MVA** | **Extended Health Benefits?** ☐ Yes ☐ No | |

***Incomplete referrals cannot be processed***

**Diagnosis:**

| **Surgical Procedures:** | **Surgery Date (dd/mm/yy)** | **Discharge Date (dd/mm/yy)** |
|---|---|---|
| | | |
| | | |

**Reason for Referral:**

**Restrictions**

☐ No hip flexion past 90°
☐ No hip adduction past neutral (0°)
☐ No hip internal rotation
☐ No active hip abduction
☐ No hip extension past neutral (0°)

**Ambulatory Status**

☐ Non-weight bearing ☐ Partial weight bearing ☐ Other, specify _____
☐ Full weight bearing ☐ Feather weight bearing

**Precautions** ☐ **None**

☐ Cardiac Problem ☐ Epilepsy ☐ Hypertension ☐ Diabetes

**Physician's Name**

☐ Dr. S. Haider ☐ Dr. J. Kao ☐ Dr. K. Koo ☐ Dr. E. Liu
☐ Dr. S. McMahon ☐ Dr. D. Santone ☐ Dr. H. Shirali ☐ Dr. C. Smith
☐ Dr. T. Teshima ☐ Dr. R. Wallman ☐ Dr. E. Watts ☐ Other _____

_____ _____
Signature of Referring Physician Date

Response returned to: Uxbridge: P1 P2 P3 P4

| | | |
|---|---|---|
| ☐ 3WF | P.905-472-7143 | F.905-472-7584 |
| ☐ 3WH | P.905-472-7035 | F.905-472-7565 |
| ☐ SADU | P.905-472-7036 | F.905-472-7559 |
| ☐ OPS-DSU | P.905-472-6833 | F.905-472-7369 |
| ☐ 3 Centre | P.905-472-7114 | F.905-472-7004 |