

Rehab Therapies
 Outpatient Referral
 1 Hospital Drive
 Peterborough, Ontario
 K9J 7C6

Phone: 705-740-8351
 Fax: 705-740-8203



Treatments are covered by OHIP/WSIB.

- Physiotherapy
- Hand Therapy
- Occupational Therapy
- Speech Language Pathology

Date of Referral: _____

ALLERGY ALERT! Do not use any scented products when coming into the hospital.

Patient Name:		Date of Birth: d/m/y	Health Card #:
Address:		Telephone: Home - Cell - Work -	
Diagnosis:			Date of Onset:
Surgical Procedure:			Date of Surgery:
Reason for Referral: <input type="checkbox"/> Splint			
Restrictions/Pertinent Information: (ARO, MRSA , surgical procedure, relevant diagnostic tests, weightbearing status)			
Precautions: <input type="checkbox"/> Cardiac <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies <input type="checkbox"/> Hypertension <input type="checkbox"/> Metal Implant <input type="checkbox"/> Pregnancy <input type="checkbox"/> Diabetes			
Physician Name (please print):		_____	
Physician's Telephone #:		Signature of Referring Physician	Date
WSIB INFORMATION: to be completed by physician or client Employer: _____ Claim #: _____ Address: _____ Accident Date: _____			

Please ensure that the referral is fully completed before faxing to the department.

For Office Use: K# _____ Account # _____ Initials _____