Lakeridge Health

Ambulatory Rehabilitation Centres

This referral will be directed to the location where the services are available.

Preferred Location:

☐ Lakeridge Health Oshawa
58 Rossland Rd. W., Oshawa, ON L1G 2V5
Tel: 905-576-8711, ext.4355 Fax: 905-721-4777

☐ Lakeridge Health Bowmanville
47 Liberty St. S., Bowmanville, ON L1C 2N4
Tel: 905-623-3331, ext.1463 Fax: 905-697-4682

☐ Lakeridge Health Port Perry
451 Paxton St.. Port Perry, ON L9L 1A8
Tel: 905-985-7321, ext.5559 Fax: 905-985-5822

☐ Lakeridge Health Whitby
300 Gordon Street, Whitby, ON L1N 5T2
Tel: 905-668-6831, ext.3093 Fax: 905-665-2414

Is this patient currently a Lakeridge Health Inpatient? No ☐ Yes ☐ Unit _____

Expected discharge date: _____

Applicant Information:

Please complete all sections of the referral and attach all related consultations.			
First Name:	Last Name:		Phone:
Address:	DOB:	M☐ F☐	Alternate:
City:	Province:		Postal Code:
Health Card Number:			
Health Information:			
Primary Diagnosis:			
Surgery:			Date:
Other Relevant Information:			

Please answer the following:	Yes	No
Has this person had therapy intervention recently?	☐	☐
Is this person receiving other services in the home?	☐	☐
Has this person had a recent consultation with a specialist related to the primary diagnosis?	☐	☐
Is this person currently receiving care at the Durham Regional Cancer Centre (DRCC)	☐	☐

Referring Physician's Name (Please print)	Physician's Signature
Billing Number:	Date:

Please fax completed form to one of the locations indicated above.