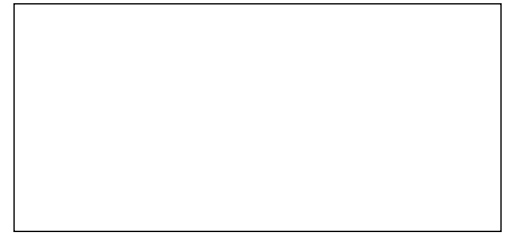




**Lakeridge
Health**

**AMBULATORY REHABILITATION
CENTRES**



Hand Therapy Referral

Physiotherapy/Occupational Therapy

Whitby Hospital
300 Gordon St.
Whitby, ON L1N 5T2
Tel: 905-668-6831 ext. 53093
Fax: 905-665-2414

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

Please complete all sections of the referral and attach all related consultations

| Applicant Information | | |
|---|--|--------------|
| First Name: | Last Name: | Phone: |
| Address: | DOB: <input type="checkbox"/> M <input type="checkbox"/> F | Alternate: |
| City: | Province: | Postal Code: |
| Health Card Number: | | |
| Health Information: | | |
| Primary Diagnosis: | | |
| Surgery: | Date (DDMONYYYY) | |
| Date of Injury (DDMONYYYY) | | |
| Other Relevant Information/Treatment Requested: | | |
| <input type="checkbox"/> Treatment at discretion of therapist | | |
| Referring Physician's Name (please print): | Physician's Signature: | |
| Billing Number: | Date (DDMONYYYY) | |

Please fax completed form to 905-665-2414

