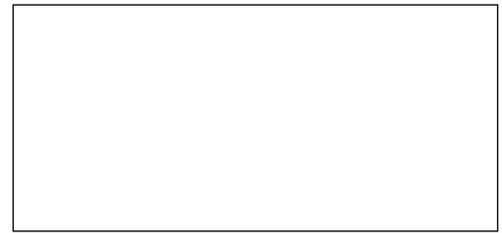




**Lakeridge  
Health**

**AMBULATORY REHABILITATION  
CENTRES**

**Outpatient Physiotherapy Referral**



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

**Preferred Location:**

- ARC Oshawa (offsite location)  
 58 Rossland Rd. W.  
 Oshawa, ON L1G 2V5  
 Tel: 905-576-8711, ext. 34355  
 Fax: 905-721-4777
- Ajax and Pickering Hospital  
 580 Harwood Ave. S.  
 Ajax, ON L1S 2J4  
 Tel: 905-683-2320, ext. 11213  
 Fax: 905-428-5204

Is this patient currently a Lakeridge Health Inpatient?  No  Yes Unit \_\_\_\_\_ EDD: \_\_\_\_\_

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

<b>Applicant Information:</b>		
First Name:	Last Name:	Phone:
Address:	DOB: <input type="checkbox"/> M <input type="checkbox"/> F	Alternate:
City:	Province:	Postal Code:
Health Card Number:		
<b>Health Information:</b>		
Primary Diagnosis:		
Surgery:	Date (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 one of the locations indicated above.**

