



# Capital Health

Physiotherapy Services

## Self Referral to Outpatient Physiotherapy

### Check the site where you want to attend physiotherapy:

- |  |                    |                     |
|--|--------------------|---------------------|
| <input type="checkbox"/> Cobequid Community Health Centre                    | Ph: (902) 869-6116 | Fax: (902) 865-6018 |
| <input type="checkbox"/> Dartmouth General Hospital                          | Ph: (902) 465-8303 | Fax: (902) 465-8304 |
| <input type="checkbox"/> Eastern Shore Memorial Hospital                     | Ph: (902) 885-3621 | Fax: (902) 885-3210 |
| <input type="checkbox"/> Hants Community Hospital                            | Ph: (902) 792-2071 | Fax: (902) 792-2135 |
| <input type="checkbox"/> Musquodobit Valley Memorial Hospital                | Ph: (902) 384-2220 | Fax: (902) 384-3310 |
| <input type="checkbox"/> QEII Health Sciences Centre                         | Ph: (902) 473-1288 | Fax: (902) 473-3581 |
| <input type="checkbox"/> Twin Oaks Memorial Hospital-<br>Musquodobit Harbour | Ph: (902) 889-4113 | Fax: (902) 889-2470 |

### Please answer every question. Please print.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone where a message can be left: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Health Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Why do you need physiotherapy? \_\_\_\_\_

When did this problem start? \_\_\_\_\_

List any tests (x-rays, MRI, CT or lab) you have had done in past year: \_\_\_\_\_

List any other health professionals you are seeing for this problem: \_\_\_\_\_

Check the activities that are affected by this problem:

self care     walking     work (last work date \_\_\_\_\_)

Other: \_\_\_\_\_

Have you fallen in the past month? Yes/ No If so, how often? \_\_\_\_\_

Translation services are available. Please indicate your preferred language. \_\_\_\_\_

Will you require an interpreter for the hearing impaired?  Yes  No

What else do we need to consider when booking your appointment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

