OUTPATIENT PHYSIOTHERAPY SELF-REFERRAL

No Physician or Nurse Practitioner signature required

	Phone	Fax		Phone	Fax
❑ Cobequid Community Health Ctr	902-869-6116	902-865-6018	❑ Hants Community Hospital	902-792-2071	902-792-2135
❑ Dartmouth General Hospital	902-465-8303	902-465-8304	❑ Musquodoboit VM Hospital	902-384-2220	902-384-3310
❑ Eastern Shore Memorial Hospital	902-885-3621	902-885-3210	❑ Twin Oaks Memorial Hospital	902-889-4113	902-889-2470
❑ Halifax Area: Veteran's Memorial Building (Camp Hill), Bayer's Lake Community Outpatient Centre, NS Rehabilitation and Arthritis Centre	902-473-1288	902-473-3398			

Please answer every question. Please print.

❑ Interpreter Needed - Preferred Language: _____ ❑ Sign Language Interpreter Needed

Name: _____ Date of Birth (YYYY/MON/DD): _____

Preferred Name/Pronouns (optional): _____

Phone #: (_____) _____ Alternate Contact #: (_____) _____

Health Card #: _____ Expiry Date (YYYY/MON/DD): _____

Why do you need physiotherapy? _____

_____

_____

_____

When did this problem start? _____

What would you like physiotherapy to help you with? _____

_____

What movements or activities are hard for you to do? _____

_____

Check the activities that are affected by this problem: ❑ Self-care ❑ Walking ❑ Caring for someone else

❑ Work - Last work date (YYYY/MON/DD): _____

What feels hardest for you to handle about your condition? _____

_____

Have you had physiotherapy for this condition in the past? ❑ Yes ❑ No

List any other health professionals you have seen or are seeing for this problem: _____

_____

Have you fallen in the past month? ❑ Yes ❑ No If yes, how often? _____

Tests you have had in the past year: ❑ X-Ray ❑ MRI ❑ CT ❑ Ultrasound ❑ Lab tests

❑ Other: _____ Results (if known): _____

What other information would be helpful for us to know? _____

_____

Client Signature: _____ Date (YYYY/MON/DD): _____