Outpatient Physiotherapy Referral

- **ACHC**  Ph: 902-532-7446  Fax: 902-532-0977
- **SMH**  Ph: 902-825-6160 ext 176258  Fax: 902-825-1282
- **WKM**  Ph: 902-679-2770  Fax: 902-679-2499
- **VRH**  Ph: 902-679-2770  Fax: 902-679-2499
- **EKM**  Ph: 902-679-2770  Fax: 902-679-2499

**PLEASE PRINT**
- Best Contact: ____________________________ Phone: ___________________ 
- Interpreter Needed  Language: ____________________________

**REASON FOR REFERRAL:**

- Post-op Follow-up  Surgery Date: ____________  Recheck: ____________

  Weight Bearing Status:  □ NWB  □ PWB   □ WBAT

- Recent Decline in Function:
  - Self Care
  - Transfers
  - Ambulation
  - Work (last work date)

- History of Falls:  Frequency______/Week ________/Month

- Instruction/Review of Exercise Program

- Respiratory Issues/Training:

**DIAGNOSIS:**

**RELEVANT MEDICAL HISTORY:**

Tests/Imaging Results:
- Acute Onset (0-6 weeks)  Date: ______________
- Exacerbation of Chronic Condition  Date: ______________
- Chronic Condition
- Recent Hospitalization

**PRECAUTIONS:**

Present Mobility Status:

Home Support/Situation:

**Referral Source:**
- Name: ____________________________  Designation: ____________________________

(Please Print)
- Signature: ____________________________
- Phone: ____________________________  Date: ____________________________
Nova Scotia Outpatient Physiotherapy Prioritization Guidelines
(including pediatrics but not community)

Listed below is a prioritization system to enable all outpatient physiotherapy referrals to be effectively prioritized according to patient goals/need.

**Urgent:** Patients seen within 1 wk (7 calendar days) from date referral received:
- Safety issues that physiotherapy can impact
- Significant loss of function if physiotherapy is not provided within 7 calendar days

**Priority 1:** Patients seen within 1-2 wks (7-14 calendar days) from date referral received.
- Physiotherapy intervention is known to impact significant functional gains – critical for progression; condition or loss of function would progress/worsen if left untreated for more than 7-14 calendar days.

**Priority 2:** Patients seen within 2-4 wks (14-28 calendar days) from date referral received.
- Physiotherapy intervention is known to impact significant functional gains – condition or loss of function would progress/worsen if left untreated for more than 14-28 calendar days.

**General:** Patients seen within 4-8 wks (28-56 calendar days) from date referral received.
- Physiotherapy assessment, intervention, recommendation to optimize function or to provide preventative physiotherapy care.