

Outpatient Physiotherapy Referral

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PLEASE PRINT

Best Contact:				Phone:	Phone:		
Interpreter Needed Language:							
RE	ASON FOR REFERRAL:						
	Post-op Follow-up Surgery	Date:		Recheck:			
	Weight Bearing St	atus 🗌 🛛	NWB	□ PWB		□WBAT	
	Recent Decline in Function: Self Care Trans History of Falls: Frequency Instruction/Review of Exercise Respiratory Issues/Training:	/Wee	ek/Mo	nth			
RE	AGNOSIS: ELEVANT MEDICAL HISTORY: sts/Imaging Results:						
	□ Acute Onset (0-6 weeks)						
PR	 Exacerbation of Chronic (Chronic Condition Recent Hospitalization RECAUTIONS: 	Condition	Date:				
	esent Mobility Status:						
	-						
Referral Source: Name:							
(Pl	· •						
	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.