

## Rehabilitation Services

### SELF-REFERRAL FOR PHYSIOTHERAPY AND/OR OCCUPATIONAL THERAPY

☐ Physiotherapy

☐ Occupational Therapy

I, \_\_\_\_\_, have assisted in filling out this form.

Contact for booking:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

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

Family Doctor/NP: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(YYYY/MON/DD)

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_

Reason for Referral:

Are you off work because of this problem?

☐ Yes

☐ No

Are you on Workers' Compensation Benefits?

☐ Yes

☐ No

Were you involved in a motor vehicle accident?

☐ Yes

☐ No

Do you have private insurance coverage for therapy?

☐ Yes

☐ No

Check any of the following that apply to you:

☐ Pain is constant

☐ Unable to do sports/hobbies

☐ Recent falls

☐ Pain comes and goes

☐ Recent surgery (3 months)

☐ Home safety

☐ Pain impacts sleep

☐ Decreased hand function

☐ Equipment needs

☐ Medication helps

☐ Unable to do normal daily activities

☐ Memory issues

☐ Medication does not help

(Meal prep, personal care, etc.)

☐ Palliative

Have you had treatment in the past for this problem?

If so, explain: \_\_\_\_\_

How long has this problem been present for? \_\_\_\_\_

Date: \_\_\_\_\_  
(YYYY/MON/DD)

Completed by: \_\_\_\_\_



## Rehabilitation Services

### SELF-REFERRAL FOR PHYSIOTHERAPY AND/OR OCCUPATIONAL THERAPY

Site	Address	Fax	Phone
Annapolis Community Health Centre	821 George Street P.O. Box 426 Annapolis Royal N.S. B0S 1A0	902-532-0977	902-532-7446
Digby General Hospital	75 Warwick Street Digby, N.S. B0V 1X4	902-245-3000	902-245-2502 Ext. 3257
Eastern Kings Memorial Community Health Centre	23 Earnscliffe Avenue Wolfville, N.S. B4P 1X4	902-679-2499	902-679-2770
Fishermen's Memorial Hospital	14 High Street Lunenburg, N.S. B0J 2C0	902-634-7358	902-634-7343
Queens General Hospital	175 School Street Liverpool, N.S. B0T 1K0	902-354-7162	902-354-3575
Roseway Hospital	1606 Lake Road Shelburne, N.S. B0T 1W0	902-875-2911	902-875-4414 Ext. 2204
Soldier's Memorial Hospital	462 Main Street Middleton, N.S. B0S 1P0	902-825-1282	902-825-3302
South Shore Regional Hospital	90 Glen Allan Drive Bridgewater, N.S. B4V 3S6	902-543-1887	902-527-2215
Valley Regional Hospital	150 Exhibition Street Kentville, N.S. B4N 5E3	902-679-2499	902-679-2770
Western Kings Memorial Community Health Centre	121 Orchard Street Berwick, N.S. B0P 1E0	902-679-2499	902-679-2770
Yarmouth Regional Hospital	60 Vancouver Street Yarmouth, N.S. B5A 2P5	902-749-0759	902-742-3542 Ext. 1137

