



**Burlington**

Family Health Team

# BFHT Physiotherapy Referral

Date (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_ Referred by (circle one): self MD other  
Telephone: (\_\_\_) \_\_\_-\_\_\_ Fax (if applicable): (\_\_\_) \_\_\_-\_\_\_

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

Date of Birth (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_ Phone: (\_\_\_) \_\_\_-\_\_\_

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

Email: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

## One to One Services

### **\*Eligibility:**

- 20-64 yrs of age
- not eligible for OHIP
- no extended health benefits
- no active WSIB claim
- no active motor vehicle accident claim
- no personal injury claim/litigation

## Group Programs

### **\*Eligibility:**

- 20 years of age or older

### **Group programs focus on:**

- Hip & knee osteoarthritis
- Balance & mobility
- Persistent pain
- Shoulder Injury
- COPD, Asthma, Chronic Bronchitis

***\*Note: Eligibility also subject to assessment by physiotherapist***

**Burlington Family Health Team Physiotherapy**  
720 Guelph Line Suite 204, Burlington, ON., L7R 4E2  
Tel: 289-861-5611 Ext. 5512. Fax: 855-764-8360  
Email: [physiotherapy@burlingtonfht.com](mailto:physiotherapy@burlingtonfht.com)