



# BFHT Physiotherapy Referral Form

Burlington Family Health Team Physiotherapy (formerly B-CARS)

Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Referring Practitioner: \_\_\_\_\_

Referring provider telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Primary Care Provider (PCP): \_\_\_\_\_

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

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

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

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

email: \_\_\_\_\_

## REFERRAL CRITERIA:

\*\*Please note: Patients are **not eligible** if they are 19 or under, have an active MVA or WSIB claim, or have private Physiotherapy coverage.

Additionally, the patient **must** meet one of the criteria below (*Please check which criterion applies*)

- Patient is over 19 and under 65 with any condition requiring Physiotherapy
- Patient is 65+ and has a stable chronic condition requiring Physiotherapy
- Patient is over 19 and being referred to one of our group programs:
  - Hip and Knee Osteoarthritis Exercise Program (GLA:D Canada)
  - Pulmonary Rehabilitation Program
  - Chronic Pain Program (Living Better with Pain)
  - Balance and Community Mobility Program (Exercise for Everyday Activity)

If patient is 65+ and does not meet any of the above criteria. Please fax this form to an OHIP clinic:  
Advanced Physiotherapy (Fax: 905-315-7156) | Brant Active Physiotherapy (Fax: 905-681-6389)

Reason for Referral: Physiotherapy  
Please Specify Body Part (if applicable): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**\*\* Please provide relevant diagnostic imaging results \*\***

**\*\* Please fax completed referral to 1-(855) 764-8360 \*\***