

Please select service(s) requested:

Physician Referral Required	Self-Referrals Accepted
<input type="checkbox"/> Occupational Therapy - Adults 18+ -Assessment re: functional, mobility, cognitive, home safety or balance/falls, rehabilitative support and self-management education.	<input type="checkbox"/> Physiotherapy - Adults 20+ NOT eligible for OHIP Physiotherapy and: -Have NO extended Health Benefits -Do NOT have an active WSIB or MVA claim -Do NOT have a personal injury claim or litigation
<input type="checkbox"/> Registered Dietitian -Adults 19+ -nutritional challenges/concerns related to illness or chronic disease. Not eligible: -Eating Disorders -Diabetes (refer to CFHT) -Pre/post bariatric surgery	<input type="checkbox"/> Psychotherapy -Adults 18+ - mild to moderate anxiety and anxiety related disorders (OCD, Social phobia, panic disorder etc.), depression, ADHD, PTSD, Perinatal Wellness. -group & individual structured psychotherapy
<input type="checkbox"/> Clinical Pharmacist -Adults 25+ who are on 5 or more prescription medications Not eligible: -Patients who are acutely medical unstable	<input type="checkbox"/> Community Remote Care Monitoring -Adults 18+ -lives in Burlington -COPD & CHF - service provided by nurses and community paramedics.
<input type="checkbox"/> Seniors Wellness Assessment - Seniors 70 + - Frailty assessment, care plan, & services provided by a team of allied health clinicians	<input type="checkbox"/> System Navigation -Adults 18+ - One on one assessments & assistance to access community health & social services in the community.
<input type="checkbox"/> Respiratory Therapy -Adults 18+ Service requested: <input type="checkbox"/> Spirometry <input type="checkbox"/> Asthma and/or COPD Education <input type="checkbox"/> Pulmonary Rehab (<i>requires spirometry & medical clearance:</i> <input type="checkbox"/> needs spirometry <input type="checkbox"/> spirometry results attached <input type="checkbox"/> patient is cleared for supervised exercise	<input type="checkbox"/> Footcare Services - Adults 18+ with one or more of the following conditions: <ul style="list-style-type: none"> • a diagnosis of diabetes plus diabetic neuropathy, peripheral artery disease, chronic kidney disease, or a previous foot ulceration • Take blood thinners. • Have a foot condition that is impairing ability to walk. <i>(In partnership with Acclaim Health)</i>

Please complete required information:

Patient Information			
First Name:		Last Name:	
Health Card:	Phone:	DOB:	
Address:			
Email:		Family Physician:	
Language Spoken:		Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which language most comfortable with: <input type="checkbox"/> English <input type="checkbox"/> French			
Preferred Contact: <input type="checkbox"/> Patient <input type="checkbox"/> Other (If other please include)			
Name:	Phone Number:	Relationship:	
Referring Physician:			
Name:	Phone Number:	Fax Number:	
Reason for referral:			
Relevant Diagnosis:			
Please include any relevant documents and/or results.			

Fax completed referral to 1-855-764-8360