



OUTPATIENT PHYSIOTHERAPY CONSULTATION REFERRAL

Lennox & Addington County General Hospital
8 Richmond Park Drive, Napanee, ON K7R 2Z4
Phone (613) 354-3301 ext. 285 Fax (613) 354-6024

Patients Name: _____

Address: _____

Phone #: _____

Date of Birth: _____

Health Card #: _____

Reason for Referral:

Type of Referral:

Orthotics WSIB (*please complete section below*)

Precautions and/or Contraindications:

Cardiac Hypertension Epilepsy Diabetes Metal implants Allergies
 Pregnancy Malignancy Weight bearing status _____

Please forward relevant diagnostic test results with this referral where available.

WSIB Consultation Information:

Claim #: _____

Employer: _____

Accident Date: _____

SIN #: _____

Referring Physician/RNEC Signature

Referring Physician/RNEC Name (Please Print)

Date

**FOR THE PROTECTION OF PERSONS WITH SENSITIVITIES, WE ARE A SCENT FREE FACILITY.
PLEASE DON'T WEAR ANY SCENTED PRODUCTS (perfumes, after shave, deodorant)**