



Address: 490 Huronia Road, Barrie, ON L4N 6M2
Phone: (705) 734-9690 Fax: (705) 734-0239
Website: www.bchc.ca

PHYSIOTHERAPY EXTERNAL REFERRAL FORM

Note that patients referred to PT services must:

- be aged 20-64
- not be seeking treatment for an injury insured through WSIB or MVA
- not be on ODSP or Ontario Works
- Not had a hospital stay or an outpatient or day surgery / procedure for this condition
- Not have access to extended health insurance for PT services

Referral Date:

Please fax completed form to:

705-734-0239

Day/Month/Year

Patient's Name:

OHIP #:

Patient's D.O.B.:

Gender:

Patient's Phone:

Day/Month/Year

Patient's Address (include Postal Code):

Reason for Referral:

Other relevant Health Information:

Condition:

☐ Acute☐ Sub-Acute☐ Chronic

Onset:

☐ < 4 weeks☐ 1-3 Months☐ > 3 Months

Name of Family Physician:

Name of Referral Source:

Signature

Phone Number:

Fax number:

Confidentiality Notice: The contents of this document may be privileged and/or confidential. It may not be disclosed to, or used by, anyone other than the intended recipient, nor copied in any way. If received in error, please advise the sender then return to the Barrie CHC.