GREY BRUCE Health SERVICES
Quality Health Care Right Here

Physiotherapy & Occupational Therapy Outpatient Referral Form

Patient Name:_____ DOB: _____

Health Card #: _____

Address:_____

_____

Phone: Alternate Phone Number:

Name of Parent/Guardian/Substitute Decision Maker:

SERVICE REQUIRED:

☐ Physiotherapy

- Owen Sound
- Meaford
- Wiarton
- Markdale
- Lion's Head
- Southampton

☐ Occupational Therapy (Owen Sound only)

☐ Paediatric PT (preschool and under)

☐ Paediatric OT (preschool and under)

Criteria:
Where OHIP clinics are in close proximity or private funding exists, patients will be directed to alternate clinics
PT: Priority to fractures and post-surgical conditions OT: Priority for upper extremity/upper limb therapy

Referral Diagnosis:

Reason for Referral:

Onset of Symptoms:

Special Considerations: (medical conditions, medication, prosthesis, etc)

Physician Signature: Physician Name (please print):

Date:

1800 8th St. E. Owen Sound, ON N4K 6M9 Phone: 519-376-2121 ext 2895
FAX: to Owen Sound **519-372-3939** Markdale **519-986-4562** Meaford **519 -538-5500**
Southampton **519-797-2442** Wiarton/Lion's Head **519-534-5159**