



Eglinton

Health Care Centre

2950 Eglinton Avenue E,
Scarborough, Ontario, M1J 2E7
Tel: 416-438-6633 Fax: 416 438-3633



REFERRAL FORM

Date of Injury _____

Name: _____

Diagnosis: _____

Precautions, if any: _____

Referred Service(s)

- ☐ Physiotherapy
- ☐ Chiropractic
- ☐ Massage Therapy
- ☐ Occupational Therapy
- ☐ Acupuncture
- ☐ Physical Therapy
- ☐ Work Hardening Program
- ☐ Active Rehab Program
- ☐ Consultation & Education
- ☐ Activities of Daily Living Program
- ☐ Foot Spa
- ☐ Reflexology

Referred Product(s)

- ☐ Orthotics
- ☐ Orthopaedic Shoes
- ☐ Compression Stockings
- ☐ Tens Machine
- ☐ Orthopaedic Mattress
- ☐ Mattress Toppers
- ☐ Home Base Kit
- ☐ Exercise Ball
- ☐ Acuball Kit
- ☐ Assistive Devices

Coverage Accepted For:

- | | |
|--|---|
| <input type="checkbox"/> MVA | <input type="checkbox"/> Work Benefits |
| <input type="checkbox"/> W.S.I.B | <input type="checkbox"/> Student Benefits |
| <input type="checkbox"/> Slip & Fall Third Party Insurance | <input type="checkbox"/> ODSP |
| <input type="checkbox"/> Extended Health Care | <input type="checkbox"/> Other _____ |

Name of Referring Physician/Person

Signature