yukon hospital corporation

MEDICAL REHABILITATION SERVICES (THERAPIES)
6 Hospital Road, Whitehorse, Yukon Y1A 3H7
Phone: 867-393-8963 / Fax: 867-393-8971

Outpatient Medical Rehabilitation Services (Therapies) Referral

***Patients with WCB or Motor Vehicle Insurance Coverage: Refer to Private Practice**

Client Name:	Referral Date (DD/MM/YY):
YHIS#:	Service Start Date (DD/MM/YY): *If services are not required within 7 days of referral
Date of Birth: (DD/MM/YY):	Daytime Phone#:

Discipline: □ Physiotherapy □ Occupational Therapy □ Speech Language Pathology

Criteria for Services: Check all that apply. Patients must meet at least one of these criteria to access services.

High Risk Acute Condition:
Began < 3 months from date of referral
□ Hospital admission
□ Surgery
□ Post-injection rehab
□ Recent removal of immobilization device
□ Bracing/splinting
□ Thermal injury (burn/frostbite)
□ Joint dislocation
□ Fracture or ligament/tendon tear
□ New diagnosis of deteriorating condition

Significant Functional Impairment / Safety Concern:
□ Impaired mobility
□ Impaired cognition
□ Swallow/communication disorder
□ Open wound or risk of wound development
□ Pelvic floor condition
□ Difficulties with meal preparation, feeding, personal hygiene, bathing, showering, dressing, or toileting

Diagnosis:

Reason for Referral:

Medical Restrictions:

Referring MD/NP:	Clinic Name:
Referring MD/NP Signature:	Family MD/NP if not referring:

Please fax this form: **867-393-8971**

Unless otherwise requested, Rehabilitation's goal is to assess all patients within 7 days of referral.
Incomplete referrals may cause delays

Office Use: Date Received: Received By:

Revised May 2020