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Helping people to live active and independent lives

Aider les gens à mener une vie active et autonome
Plus de cinquante années au service des Manitobains

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SIT-STAND LIFT REFERRAL

**WRHA - MONITORING OF
SIT-STAND**

Client Info:

NAME:
ADDRESS:
PHONE #:
PHIN/MHSC

PHIN:
CO-ORD. AGENCY
CASE CO-ORD.
CC MESSAGED: YES/NO

CONTACT PERSON: _____ PHONE #: _____

ADDRESS: _____

SAFT/SVP ATTACHED: YES / NO

File open to CTS Therapist: YES / NO _____ Attached most recent report from therapist

DIAGNOSIS:

SERVICES REQUESTED: CODE **22**

TAKEN BY: _____ DATE TAKEN: _____ REF. SOURCE