



1601 Buffalo Place, Unit/Bureau 101
Winnipeg, MB R3T 3K7
Tél./Phone: (204) 949-0533
Télécopieur/Fax: (204) 942-1428

(Addressograph here)

PERSONAL CARE HOME PROGRAM PHYSIOTHERAPY REFERRAL

Date

Unit, Room #

Name of Facility

Name, Designation of Referrer

Contact Person to schedule site visit (i.e. Rehab Assistant, Nurse)

Phone Number/Email for contact person

Service Request – complete the information below as applicable

'ASAP' refers to an acute incident or high safety risk to a resident/staff. Examples include recent fracture, orthopedic surgery, hospitalization, recent CVA or cardiac event. Circle Y (yes) or N (no) below.

ASAP

Y

N

Outline reason for referral/ services requested below

PLEASE FAX COMPLETED REFERRAL TO (204) 942-1428