

Over fifty years of service to Manitobans  
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

101 – 1601 Buffalo Place  
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www.ctsinc.mb.ca  
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## PHYSIOTHERAPY REFERRAL PCH PROGRAM

Date of Referral:

Name of Facility/LTC Home

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		Client Name	PHIN
Y	N		

Reason for Referral/ Services Requested:

**PLEASE FAX COMPLETED REFERRAL TO (204) 942-1428**