CWC PCN Physiotherapy Program Referral Form

Fax to 587.387.7265. Incomplete referrals will be returned to the ordering physician.

Date: _____

Inclusion criteria:

- The patient requires physical rehabilitation and/or pain management and can actively participate in physio to achieve a positive outcome.
- The patient is motivated and willing to participate in either one-on-one or group exercise settings and perform a home exercise program.

And one of the following criteria are met:

- Rotator cuff related **shoulder pain** that limits activity and participation in the community.
- Joint related degenerative **hip and/or knee pain** due to osteoarthritis that limits activity and participation in the community.

REQUIRED

☐ I have reviewed the medical and financial exclusion criteria on page 2 and confirmed eligibility.

Area of concern

☐ Hip ☐ Knee ☐ Shoulder

Note: Most hip/knee patients will be referred for GLA:D group program.

Symptoms

☐ Pain ☐ Stiffness ☐ Reduced ROM

Diagnosis

Factors that might affect care

Note: The first appointment will be virtual (video or phone).

Hearing:	Language:
Internet access:	Other:

Patient information *Affix patient label or enter information here*

Patient name: _____ PHN: _____ DOB (yyyy/mm/dd): _____

Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose ☐ Other: _____

Address (include city and postal code): _____

Phone (H): _____ (C): _____

Preferred pronouns: ☐ She/her/hers ☐ He/him/his ☐ They/them/theirs ☐ Other: _____

Email: _____

Preferred contact person (if applicable): _____ Relationship: _____

Preferred contact number (H): _____ (C): _____

Physician information

Referring physician name: _____ Clinic name: _____

Clinic phone number: _____ Clinic fax number: _____

Family physician name (if different): _____

View or print the patient handout: bit.ly/physio-handout

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Exclusion criteria

Financial exclusions
• Eligible for coverage or currently receiving care from AHS Outpatient and Community Physiotherapy Services (if so, refer to Rehab Advice Line at 1.833.379.0563 for AHS physio program) • Eligible for coverage from Workers Compensation Board, Automobile Accident Insurance Benefits, or unused extended health benefits • Has the financial resources to pay out of pocket
Candidate for other programs
• Receiving physiotherapy or has received physiotherapy within the last year through an AHS-funded program for the same diagnosis • Previously received treatment through the CWC PCN's Physiotherapy Program for the same diagnosis • Receiving or eligible for services for specialized complex and chronic pediatric conditions through AHS programs or AHS contracts
Medical exclusions
• Acute (within the last three months) rotator cuff tear • History of shoulder instability (e.g., subluxation, dislocation) • Ligamentous knee injury (e.g., ACL tear) • Soft tissue hip pathology, including greater trochanteric pain and myofascial hip pain • Diagnosed with a pain syndrome, including complex pain syndrome, myofascial pain syndrome, or fibromyalgia • Radicular signs or radiculopathy

For these ineligible patients, please consult our concise summary of alternative services.