

Freeport Campus, Grand River Hospital
3570 King Street East, Kitchener, Ontario, N2A 2W1
Phone: 519-749-4300 ext. 7860 Fax: 519-894-8310

Last Name:	First Name:	Initial:	<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB (year/month/day):	Health Card #:	Version Code:	WSIB Claim #:
Street Address:	City:	Prov:	Postal Code:
Patient's Phone:	Cell Phone:	Patient consents to messages being left at this number: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Assess For:

Orthosis Prosthesis

Primary Diagnosis:

Secondary Diagnosis:

Comments:

In order to ensure the most appropriate intervention, please include relevant operative reports, consult notes, imaging results, and rehabilitation therapy reports (unless available through Clinical Connect).

Referring Physician Name (please print):	Physician's Phone #:	Fax #:
Physician's Signature:	Billing Number (Required)	