

PATIENT INFORMATION:

REFERRING PHYSICIAN:

Name	
Date of Birth	
Phone 1	Phone 2
Health Card No.	
Address	

Name		
Fax No.		
Phone No.		
Request Date		
Case Type	<input type="checkbox"/> WCB	<input type="checkbox"/> MVA
	<input type="checkbox"/> Community Services	<input type="checkbox"/> N/A

PREFERRED LOCATION:

Dartmouth
Millstone Square, 250 Baker Dr.
Dartmouth, NS B2W 6L4
P 902-404-8352

Clayton Park
Clayton Park Shopping Ctr., 278 Lacewood Dr.
Halifax, NS B3M 3N8
P 902-404-8419

Halifax
Park Lane Mall, 1554 Dresden Row, Suite 3070
Halifax, NS B3J 2K2
P 902-442-5199

Fredericton
1113 Regent Street, Suite 300
Fredericton, NB E3B 3Z2
P 506-474-0340

Saint John
555 Somerset Street, Suite 206
Saint John, NB E2K 4X2
P 506-632-2592

Moncton
Equilibrium Maritime, 140 Champlain St.
Dieppe, NS E1A 1N4
P 506-389-2552

PATIENT DIAGNOSIS:

REASON FOR REFERRAL:

- | | | | | | | | | | | | | | |
|---|--|--------------------------------------|---------------------------------|--------------------------------|--------------------------------|--|----------------------------|----------------------------|---------------------------------|--|--------------------------------------|--------------------------------------|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Knee Bracing <ul style="list-style-type: none"> <input type="radio"/> OA <input type="radio"/> PF <input type="checkbox"/> Ligament <input type="checkbox"/> Compression <input type="checkbox"/> TENS/NMES <ul style="list-style-type: none"> <input type="radio"/> Kneehab <input type="radio"/> Recovery Back System <input type="checkbox"/> HA Therapy <ul style="list-style-type: none"> <input type="radio"/> Monovisc <input type="checkbox"/> Sequential Compression Therapy <ul style="list-style-type: none"> <input type="radio"/> DVT Prevention <input type="checkbox"/> Cold Compression Therapy <input type="checkbox"/> Post Op Splinting <ul style="list-style-type: none"> <input type="radio"/> Hinged <input type="radio"/> Immobilizers <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Dietitian Services <input type="checkbox"/> Static Progressive Stretching Devices <ul style="list-style-type: none"> <input type="radio"/> Mackie Hinge <input type="checkbox"/> Bone Growth Stimulator | <ul style="list-style-type: none"> <input type="checkbox"/> Orthotics <ul style="list-style-type: none"> <input type="radio"/> Custom <input type="radio"/> OTS Inserts <input type="checkbox"/> Foot Care <ul style="list-style-type: none"> <input type="radio"/> Podiatry Services <input type="radio"/> Orthotics Inserts <input type="radio"/> Orthopaedic Footwear <input type="checkbox"/> Bootwalkers / Foot & Ankle <ul style="list-style-type: none"> <input type="radio"/> Achilles <input type="radio"/> Bunion <input type="radio"/> Diabetic <input type="radio"/> Night Splint <input type="checkbox"/> Compression Stockings <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">Length:</td> <td><input type="radio"/> 20-30 mm</td> <td><input type="radio"/> 30-40 mm</td> <td><input type="radio"/> 40-50 mm</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;"></td> <td><input type="radio"/> Calf</td> <td><input type="radio"/> Full</td> <td><input type="radio"/> Maternity</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;"></td> <td><input type="radio"/> Single Leg (L)</td> <td><input type="radio"/> Single Leg (R)</td> <td></td> </tr> </table> <input type="checkbox"/> Upper Extremity Bracing <ul style="list-style-type: none"> <input type="radio"/> Shoulder <input type="radio"/> Wrist <input type="radio"/> Elbow <input type="checkbox"/> Back Bracing <ul style="list-style-type: none"> <input type="radio"/> Thoracic <input type="radio"/> SI <input type="radio"/> Lumbar <input type="radio"/> Maternity <input type="checkbox"/> Image Guided Therapy <input type="checkbox"/> Platelet Rich Plasma (PRP) | Length: | <input type="radio"/> 20-30 mm | <input type="radio"/> 30-40 mm | <input type="radio"/> 40-50 mm | | <input type="radio"/> Calf | <input type="radio"/> Full | <input type="radio"/> Maternity | | <input type="radio"/> Single Leg (L) | <input type="radio"/> Single Leg (R) | |
| Length: | <input type="radio"/> 20-30 mm | <input type="radio"/> 30-40 mm | <input type="radio"/> 40-50 mm | | | | | | | | | | |
| | <input type="radio"/> Calf | <input type="radio"/> Full | <input type="radio"/> Maternity | | | | | | | | | | |
| | <input type="radio"/> Single Leg (L) | <input type="radio"/> Single Leg (R) | | | | | | | | | | | |

Past Medical History

Medications

Allergies

PHYSICIAN SIGNATURE: _____

Please attach all pertinent documents and fax to 902-442-5625 or email to contact@arthritisandinjurycare.com

P 902.442.5199 | Toll Free 1.888.422.1608 | F 902.442.5625

www.arthritisandinjurycare.com