



**Barrie
Community
Health Centre**

Address: 490 Huronia Road, Barrie, ON L4N 6M2
 Phone: (705) 734-9690 Fax: (705)734-0239
 Website: www.bchc.ca

PHYSIOTHERAPY REFERRAL FORM

Note that patients referred to PT services must:

- be aged 20-64 with no access to extended health insurance for PT services
- not be seeking treatment for an injury insured through WSIB or MVA
- not be on ODSP, Ontario Works, or hospitalized for this problem

Referral Date: Please fax completed form to: **705-734-0239**
 Day/Month/Year

Patient's Name: OHIP #:

Patient's D.O.B.: Patient's Phone:
 Day/Month/Year

Patient's Address (include Postal Code):

Reason for Referral:

Other Pertinent Health Information (if relevant):

Condition: Acute Sub-Acute Chronic

Onset: < 4 weeks 1-3 Months > 3 Months

Name of Family Physician:

Name of Referral Source:

Signature Phone Number:
 Fax number: