



\* Please note all of our physicians have focused practice designations and will not negate family physicians \*

<u>LOCATION</u>	<u>CLINIC</u>	<u>PHYSICIAN(S)</u>
<input type="checkbox"/> First available		
<input type="checkbox"/> Burlington	ISM Rehab 5037 Harvester Rd, Unit 506	<input type="checkbox"/> Dr. Wade Elliott <input type="checkbox"/> Dr. Paul Echlin <input type="checkbox"/> Dr. Alok Gupta <input type="checkbox"/> First Available
	Fit for Life Physical Therapy 18 Plains Rd W, Unit 4	<input type="checkbox"/> Dr. Paul Echlin
<input type="checkbox"/> Grimsby	Physiotherapy Edge 159 Main St E, Unit 2	<input type="checkbox"/> Dr. Wade Elliott
<input type="checkbox"/> Niagara	Accelerated Health and Wellness 130 Hwy 20 E, Unit A3. Fonthill	<input type="checkbox"/> Dr. Katie Dalziel
**Hamilton	Please see Hamilton Referral form	Dr. Katie Dalziel

**Patient Information**

Please attach patient CPP

Name \_\_\_\_\_ Health Card \_\_\_\_\_ Version code \_\_\_\_\_

DOB \_\_\_\_\_ (D/M/Y) Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Reason for Referral**

- |                                       |   |                                |   |   |
|---------------------------------------|---|--------------------------------|---|---|
| <input type="checkbox"/> Shoulder     | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Hip   | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> <b>Injection:</b>    |
| <input type="checkbox"/> Elbow        | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Knee  | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Cortisone            |
| <input type="checkbox"/> Wrist / Hand | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Ankle | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Viscosupplementation |
|                                       |   | <input type="checkbox"/> Foot  | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> PRP                  |

Please see referral criteria on the next page for the following presentations:

- Neck     Back     Concussion

Brief Clinical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Physician: \_\_\_\_\_ Address : \_\_\_\_\_

Billing Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

### Referral Criteria

#### **Low Back Pain Criteria**

Referrals for low back pain will be considered within the following guidelines:

- Patients any age with low back that is directly impacting on their ability to participate in sport or exercise. Referral must clearly indicate how low back pain is impacting on patient sport or exercise participation.
- Referrals for general low back not relating to exercise or sport are not within the mandate of our physician clinics
- Low back pain between ages of 8-20 who are participating in sports or exercise
- Low back pain associated with MVA or WSIB is not appropriate for our clinical setting

We recognize there is a great need for assessment and management of low back pain in the community. Patients that fall outside our clinic mandate and criteria we recommend considering referral to the MOH regional back assessment programs or other appropriate specialists

#### **Concussion**

Referrals for concussion will be considered within the following guidelines:

- Dr. Echlin WSIB or MVA cases will not be accepted
- Dr. Dalziel will see sport related concussions only (acute <1 month in duration), WSIB or MVA cases not accepted

We recognize there is a great need for assessment and management of concussion in the community. Patients that fall outside our clinic mandate and criteria we recommend considering referral to the Hamilton Concussion Clinic / ABI clinic or other appropriate specialists



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