

\* 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"/> Whitby	JointAction Physiotherapy and Wellness Centre 676 Taunton Rd. E. Whitby, ON L1R 0K6	<input type="checkbox"/> Dr. Michael Larocque

### 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. Larocque will see sport related concussions only (acute <3 month in duration), WSIB or MVA cases not accepted