Physical Medicine and Rehabilitation
Saskatoon Rehabilitation Centre
Saskatoon City Hospital
701 Queen Street SASKATOON SK S7K 0M7
www.medicine.usask.ca/pmr

Saskatchewan Health Authority

University of Saskatchewan
College of Medicine

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SASKATOON REHABILITATION CENTRE
Physiatry Group
PATIENT CONSULTATION REQUEST – FAX to (306)-986-7222

PATIENT INFORMATION	REFERRING CLINICAN INFORMATION
Name:	**Clinician Name:**
Address:	**Address:**
City: **Prov:** **Postal Code:**	**City:** **Prov:** **Postal Code:**
PHN: **DOB:**	**Phone:**
Phone #1:	**Fax:**
Phone #2:	**Date of Referral:**
WCB:	**Referring Clinician Signature:**
SGI:	

REASON FOR CONSULTATION REQUEST

- ☐ Acquired Brain Injury
- ☐ Amputation and Prosthesis
- ☐ ALS (interprofessional)
- ☐ Bracing and Orthoses
- ☐ Electrodiagnostic (please complete SCH EMG referral form)
- ☐ General Physiatry:
  - ☐ Pediatric Transition
  - ☐ Neuromuscular
  - ☐ Other (Specify):
- ☐ Multiple Sclerosis (interprofessional)
- ☐ Musculoskeletal
  - ☐ General MSK
  - ☐ MSK intervention
  - ☐ Spinal intervention
- ☐ Spasticity Management
- ☐ Spinal Cord Injury
- ☐ Stroke

☐ Is this an URGENT request? (must provide explanation below)

PHYSIATRIST REQUESTED (please note: we use pooled referrals to expediate patient care unless otherwise specified)

- ☐ Next Available (Pooled)
- ☐ Specific Physiatrist:
- ☐ Any Physiatrist Except:

SUPPORTING INFORMATION (Reason for referral, history and physical finding– may attach separate referral letter)

PLEASE INCLUDE ANY RELEVANT CONSULTATION NOTES, IMAGING, AND LABORATORY RECORDS WITH THIS REFERRAL REQUEST