



Physical Medicine and Rehabilitation
Saskatoon Rehabilitation Centre

Saskatoon City Hospital
701 Queen Street
SASKATOON SK
S7K 0M7

Fax: (306) 655-8813

www.medicine.usask.ca/pmr



UNIVERSITY OF
SASKATCHEWAN

College of Medicine

REFERRAL TO SASKATOON REHABILITATION CENTRE

Patient Name: _____ Date: _____

DOB: _____ Address: _____

PHN: _____

Home Phone: _____ City: _____

Work Phone: _____ Postal Code: _____

Cell Phone: _____

Urgent Semi Urgent Elective WCB _____ SGI _____

Outpatient Clinic Appointment Inpatient Rehabilitation at SCH Patient Aware of Referral

Reason for Referral

<p>*PLEASE INCLUDE* <input type="checkbox"/> Medications <input type="checkbox"/> Past medical history</p> <p><input type="checkbox"/> Past surgical history <input type="checkbox"/> Past social history</p> <p>If relevant to this referral:</p> <p><input type="checkbox"/> MRI <input type="checkbox"/> CT Scan <input type="checkbox"/> X-ray <input type="checkbox"/> Bone Scan <input type="checkbox"/> Ultra Sound</p> <p><input type="checkbox"/> Recent Lab Work <input type="checkbox"/> Specialist's Consultations</p> <p><input type="checkbox"/> Pertinent Notes on Chart</p> <p><input type="checkbox"/> Therapist Consultations/Progress Notes <input type="checkbox"/> Nursing Notes</p>	<p>*FOR OFFICE USE ONLY*</p> <p>Priority 1 2 3 4</p> <p>Clinic _____</p> <p>Appt Duration _____</p>
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Referring Physician: _____ Signature: _____

Address: _____ Phone: _____

Fax: _____

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|---|--|---|---|---|
| <p>B. Joyce
MD FRCPC
Clinical Associate
Professor
(306) 655-8668
<i>Stroke, ABI</i></p> | <p>W. Khalil
MD FRCPC
Assistant Professor
(306) 655-8736
MSK, Spasticity,
General PM&R</p> | <p>K. Knox
MD FRCPC
Clinical Associate
Professor
(306) 655-8657
<i>Multiple Sclerosis,
General PM&R</i></p> | <p>A. G. Linassi
MD FRCPC
Associate Professor
Dept Head
(306) 655-8668
<i>Spinal cord injury,
Amputation, ALS</i></p> | <p>S. Hattingh
MB ChB FCS (SA)
Hospitalist
Assistant Professor
(306) 655-8175</p> |
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