



Quinte and District Rehabilitation Inc.
11 Bay Bridge Road, Belleville, ON K8P 3P6
Tel: 613-966-5015 Fax: 613-966-7494
Toll Free: 1-800-829-7076

REFERRAL FORM

Community Physiotherapy Clinic

Patient's Name: _____ Referral Date: _____

Address: _____

Date of Birth: _____ Phone #: _____ Health Card #: _____

Diagnosis:

Precautions:

Test Results:

Referred by: _____ Physician Nurse Practitioner
Please print

Signature: _____ Billing #: _____

Referral source contact information:

Address: _____

Phone: _____ Fax: _____

Eligibility: *(please check one)*

- 19 and under
- 65 and over
- ODSP Recipient
- OW Recipient
- Recent Discharge from hospital needing PT services directly connected to the condition, illness or injury for which they were admitted for.

PLEASE FAX REFERRAL FORM TO: Quinte Rehabilitation 613-966-7494