

**Northern Haida Gwaii Health Centre Referral Form**  
*Telehealth Physiotherapy*

*Patient Stamp*

Patient Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_

**Assessment and treatment for:**

- |  |  |
|--|--|
| <input type="checkbox"/> Acute/Chronic MSK Injury (incl. pre/post-op)    | <input type="checkbox"/> Chronic Pain            |
| <input type="checkbox"/> Neuro Rehab                                     | <input type="checkbox"/> Cardiorespiratory Rehab |
| <input type="checkbox"/> Concussion Rehab                                | <input type="checkbox"/> Pelvic Health           |
| <input type="checkbox"/> Cancer Rehab                                    | <input type="checkbox"/> Healthy Aging (OA)      |
| <input type="checkbox"/> Exercise Consulting (injury/illness prevention) | <input type="checkbox"/> Pediatrics              |

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Complications/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Professional: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax referral and supporting chart notes to 778-508-7042**

If patient is comfortable, they can proceed to book online at [www.inreachphysio.ca](http://www.inreachphysio.ca)  
Otherwise, InReach Online Physio will contact patient by telephone once referral is received