

Health PEI | Santé Î.-P.-É.
OUTPATIENT SERVICES REFERRAL FORM

DATE REFERRED: _____ DATE RECEIVED: _____ REFERRAL # _____

LAST NAME: _____ FIRST NAME: _____ DOB: _____ MRN: _____

ADDRESS: _____

TELEPHONE: _____ ALT #: _____

PARENT / GUARDIAN NAME: _____

Community Hospital, O'Leary

☐ Physiotherapy

☐ Occupational Therapy

Western Hospital, Alberton

☐ Physiotherapy

☐ Occupational Therapy

Prince County Hospital, Summerside

☐ Physiotherapy

☐ Occupational Therapy ☐ SLP

Queen Elizabeth Hospital, Charlottetown

☐ Physiotherapy

☐ Occupational Therapy ☐ SLP

☐ Other

☐ Prosthetics and Orthotics

Kings County Memorial Hospital, Montague

☐ Physiotherapy

Souris Hospital, Souris

☐ Physiotherapy

DIAGNOSIS: (Please include precautions, restrictions, surgeries, co-morbidities)

Date of Onset: ☐ 0-3 weeks ☐ 4-6 weeks ☐ > 6 weeks

REASON FOR REFERRAL: *If "Other" checked above, please identify service

Relevant Medical History:

Does patient have **Medical or Auto Insurance?** ☐ YES ☐ NO Is client a **WCB** Client? ☐ YES ☐ NO

If YES to either, please consider referral to private clinic

Referral Source (**PRINT**): _____ Signature: _____

Phone Number: _____

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Community Hospital

14 MacKinnon Drive
O'Leary, PE

OT telephone: (902) 859-8878 PT telephone: (902) 859- 0258

Fax: (902) 859 - 8774

Western Hospital

148 Poplar Street
Alberton, PE

OT telephone: (902) 853-0357 PT telephone: (902) 853-0249

Fax: (902) 853- 8639

Prince County Hospital

65 Roy Boates Ave
Summerside, PE

Rehab Services telephone: (902) 438-4480

Fax: (902) 438-4481

Queen Elizabeth Hospital

60 Riverside Drive
Charlottetown, PE

Physical Medicine telephone: (902) 894-2062

Fax: (902) 894-2490

Kings County Memorial Hospital

409 MacIntyre Ave
Montague, PE

Rehab Services telephone: (902) 838-0748

Fax: (902) 838-0196

Souris Hospital

17 Knights Ave
Souris, PE

Rehab Services telephone: (902) 687-7150 ext 226

Fax: (902) 687-7175

Referral Source (**PRINT**):_____ Signature:_____

Phone Number:_____