



HEALTH BOUND
HEALTH NETWORK

PATIENT REFERRAL FORM

TEL 416-548-7872
FAX 416-850-9609
EMAIL info@healthbound.ca
www.healthbound.ca

☐ **EAST YORK**

909 Pape Ave, Suite 1
East York ON M4K 3V1
T 416-519-3775

☐ **BLOOR WEST**

3250 Bloor St W, Suite 111
Toronto ON M8X 2X9
T 416-236-7778

☐ **MARKHAM**

4331 14th Ave, Suite 1
Markham ON L3R 0J2
T 416-850-8558

☐ **HAMILTON**

240 James St S,
Hamilton ON L8P 3B3
T 416-548-7872

- ☐ Ajax
- ☐ Amherstview
- ☐ Barrie
- ☐ Belleville
- ☐ Bolton
- ☐ Brampton
- ☐ Brantford
- ☐ Burlington
- ☐ Cambridge
- ☐ Colborne
- ☐ Dunnville
- ☐ Guelph
- ☐ Hagersville
- ☐ Kingston
- ☐ Kitchener
- ☐ Milton
- ☐ Mississauga
- ☐ Newmarket
- ☐ North York
- ☐ Oakville
- ☐ Orangeville
- ☐ Peterborough
- ☐ Richmond Hill
- ☐ St. Catharines
- ☐ Thornhill
- ☐ Toronto
- ☐ Trenton
- ☐ Vaughan
- ☐ Wasaga Beach
- ☐ Other:

| | |
|----------------|------------------|
| PATIENT NAME | DATE OF ACCIDENT |
| ADDRESS | TELEPHONE |
| PHYSICIAN NAME | TELEPHONE |
| DIAGNOSIS | |

☐ MVA ☐ WSIB ☐ EHC ☐ SLIP & FALL ☐ PRIVATE

SERVICES / TREATMENT

- ☐ PHYSIOTHERAPY
- ☐ OCCUPATIONAL THERAPY
- ☐ CHIROPRACTIC
- ☐ ACUPUNCTURE
- ☐ NATUROPATHIC
- ☐ MASSAGE THERAPY / CUPPING
- ☐ ACTIVE EXERCISE / PERSONAL TRAINING
- ☐ CHIROPODY / FOOT CARE
- ☐ MSK INJECTIONS / PRP
- ☐ PSYCHOLOGICAL COUNSELING

ASSISTIVE DEVICES / EQUIPMENT / HOME HEALTHCARE

- ☐ BONE GROWTH STIMULATOR
- ☐ COLD COMPRESSION THERAPY
- ☐ CONTINUOUS PASSIVE MOTION DEVICE
- ☐ CUSTOM MADE ORTHOPEDIC BRACES
- ☐ CUSTOM MADE ORTHOTICS / SHOES
- ☐ COMPRESSION HOSIERY

PROGRAMS OF CARE

- ☐ OUTPATIENT REHABILITATION
- ☐ COMMUNITY REINTEGRATION
- ☐ TRAUMA & FRACTURES
- ☐ BRAIN INJURY PROGRAM
- ☐ SPINAL CORD INJURY PROGRAM
- ☐ HYDROTHERAPY PROGRAM
- ☐ CONCUSSION PROGRAM
- ☐ VESTIBULAR REHABILITATION
- ☐ COGNITIVE FUNCTIONAL
- ☐ CHRONIC PAIN PROGRAM

- ☐ ERGONOMIC / POSITIONING DEVICES
- ☐ MOBILITY DEVICES
- ☐ HOME SAFETY DEVICES
- ☐ HOME / VEHICLE MODIFICATION
- ☐ PERSONAL CARE / HOME MAKING
- ☐ NURSING / COMPANION SERVICES

I give my consent to release my personal contact and health information to the Health Bound Health Network for the provision of the above-mentioned treatment and services.

| | |
|-------------------|------|
| PATIENT SIGNATURE | DATE |
|-------------------|------|



**Proudly Accredited
by CARF**