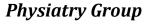
Wascana Rehabilitation Centre





2180 – 23rd Avenue Regina, SK, Canada S4S 0A5



T: 306-766-5402 | F: 306-766-7442 | reginarehab.ca

Dr. Milo Fink | Dr. Wendy Chrusch | Dr. Jacqueline Kraushaar | Dr. Shane Wunder | Dr. Claire Vayalumkal

PATIENT REFERRAL REQUEST – Fax to 306-766-7442

PATIENT INFORMATION Name:		REFERRING PRACTITIONER INFORMATION Clinician Name:	
City: Prov: Postal Code:		City:	Prov: Postal Code:
Date of Birth: HSN:		Phone:	Fax:
Phone #1: Phone #2:		Physician ID:	
WCB: SGI	:	Date of Referral:	
REASON FOR REFERRAL	□ URGENT Must provide explanation below		
☐ Electrodiagnostics (EMG/NCS)	Electrodiagnostics (EMG/NCS)		□ Stroke
☐ Musculoskeletal Disorders	☐ Complex Regio	nal Pain Syndrome	□ Spinal Cord Injury
□ Neck or Back Pain	ck or Back Pain Arthritis		 Concussion and Brain Injury
□ Chronic and Myofascial Pain	□ Soft Tissue and Joint Injections		□ Neurodegenerative Disease
□ Spasticity Management	☐ Amputations and Prosthetics		□ Adult CP/Muscular Dystrophy
□ Headaches	☐ Bracing and Orthotics		☐ General Rehabilitation
PHYSICIAN REQUESTED Please Note: we use pooled referrals to expedite patient care unless otherwise specified			
☐ Next Available (Pooled)	Next Available (Pooled) 💢 Specific Physician: 🖂 Fink 🗀 Chrusch 🗀 Kraushaar 🗀 Wunder 🗀 Vayalumka		
☐ Any Physician Except: ☐ Fink ☐ Chrusch ☐ Kraushaar ☐ Wunder ☐ Vayalumkal			

SUPPORTING INFORMATION History and Physical findings supporting Referral Request (may attach separate referral letter if preferred)