



UNIVERSITY OF
SASKATCHEWAN
College of Medicine

Wascana Rehabilitation Centre

Physiatry Group

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



Regina Qu'Appelle
HEALTH REGION

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: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Date of Birth: _____ HSN: _____

Phone #1: _____ Phone #2: _____

WCB: _____ SGI: _____

REFERRING PRACTITIONER INFORMATION

Clinician Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____

Physician ID: _____

Date of Referral: _____

REASON FOR REFERRAL

- ☐ Electrodiagnostics (EMG/NCS)
- ☐ Musculoskeletal Disorders
- ☐ Neck or Back Pain
- ☐ Chronic and Myofascial Pain
- ☐ Spasticity Management
- ☐ Headaches

- ☐ Dystonia
- ☐ Complex Regional Pain Syndrome
- ☐ Arthritis
- ☐ Soft Tissue and Joint Injections
- ☐ Amputations and Prosthetics
- ☐ Bracing and Orthotics

☐ **URGENT** *Must provide explanation below*

- ☐ Stroke
- ☐ Spinal Cord Injury
- ☐ Concussion and Brain Injury
- ☐ Neurodegenerative Disease
- ☐ Adult CP/Muscular Dystrophy
- ☐ General Rehabilitation

PHYSICIAN REQUESTED

Please Note: we use pooled referrals to expedite patient care unless otherwise specified

- ☐ Next Available (Pooled)
- ☐ Specific Physician: ☐ Fink ☐ Chrusch ☐ Kraushaar ☐ Wunder ☐ Vayalumkal
- ☐ Any Physician Except: ☐ Fink ☐ Chrusch ☐ Kraushaar ☐ Wunder ☐ Vayalumkal

SUPPORTING INFORMATION

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

Please include any relevant consultation notes, imaging, and laboratory records if not already present on PACS/eHealth with this referral request