

# WASCANA REHABILITATION CENTRE

2180 – 23<sup>rd</sup> Avenue  
Regina, SK, Canada  
S4S 0A5

## Physiatry Group

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

### PATIENT CONSULTATION 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 CLINICIAN INFORMATION

Clinician Name:

Address:

City: Prov: Postal Code:

Phone: Fax:

Clinician ID:

Date of Referral:

#### REASON FOR CONSULTATION REQUEST

**URGENT** *Must provide explanation below*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Electrodiagnostics (EMG/NCS) | <input type="checkbox"/> Dystonia                         | <input type="checkbox"/> Spasticity Management  |
| <input type="checkbox"/> Musculoskeletal Disorders    | <input type="checkbox"/> Complex Regional Pain Syndrome   | <input type="checkbox"/> Stroke   |
| <input type="checkbox"/> Neck or Back Pain            | <input type="checkbox"/> Arthritis                        | <input type="checkbox"/> Spinal Cord Injury   |
| <input type="checkbox"/> Chronic and Myofascial Pain  | <input type="checkbox"/> Soft Tissue and Joint Injections | <input type="checkbox"/> Concussion and Brain Injury  |
| <input type="checkbox"/> Sports Injuries              | <input type="checkbox"/> Amputations and Prosthetics      | <input type="checkbox"/> Neurodegenerative Disease<br>(MS, ALS, Muscular Dystrophy, etc.)   |
| <input type="checkbox"/> Headache                     | <input type="checkbox"/> Bracing and Orthotics            | <input type="checkbox"/> Adults with Childhood Onset<br>Disability (CP, Spina bifida, etc.) |
| <input type="checkbox"/> Other:                       | <input type="checkbox"/> Dance and Performance Medicine   |   |

#### PHYSICIAN REQUESTED

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

- Next Available (Pooled)       Specific Physician:  
 Any Physician Except:

#### 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