



Physical Medicine and Rehabilitation
Saskatoon Rehabilitation Centre

Saskatoon City Hospital
701 Queen Street, SASKATOON SK S7K 0M7

www.medicine.usask.ca/pmr
www.saskhealthauthority.ca/your-health/conditions-diseases-services/rehabilitation-provincial-department-physical-medicine-and-rehabilitation



UNIVERSITY OF
SASKATCHEWAN

College of Medicine

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SASKATOON REHABILITATION CENTRE

Physiatry Group

PATIENT CONSULTATION REQUEST – FAX to (306)-986-7222

PATIENT INFORMATION	REFERRING CLINICIAN INFORMATION
Name:	Clinician Name:
Address:	Address:
City: Prov: Postal Code:	City: Prov: Postal Code:
PHN: DOB:	Phone:
Phone #1:	Fax:
Phone #2:	Date of Referral:
WCB:	Referring Clinician Signature:
SGI:	

REASON FOR CONSULTATION REQUEST	
<input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Amputation and Prosthesis <input type="checkbox"/> ALS (interprofessional) <input type="checkbox"/> Bracing and Orthoses <input type="checkbox"/> Electrodiagnostic (please complete SCH EMG referral form) <input type="checkbox"/> General Physiatry: <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Multiple Sclerosis (interprofessional) <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> General MSK <input type="checkbox"/> MSK intervention <input type="checkbox"/> Spasticity Management <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Stroke

<input type="checkbox"/> Is this an URGENT request? (must provide explanation below)
<input type="checkbox"/> ROSS (Rehab Outpatient Specialized Services) Referrals —(Therapy OP services program) – see website link for referral form Saskatoon Rehabilitation Centre SaskHealthAuthority

PHYSIATRIST REQUESTED (please note: we use pooled referrals to expediate patient care unless otherwise specified)
<input type="checkbox"/> Next Available (Pooled)
<input type="checkbox"/> Specific Physiatrist:
<input type="checkbox"/> Any Physiatrist Except:

SUPPORTING INFORMATION (Reason for referral, history and physical finding– may attach separate referral letter)

PLEASE INCLUDE ANY RELEVANT CONSULTATION NOTES, IMAGING, AND LABORATORY RECORDS WITH THIS REFERRAL REQUEST