

## Gait & Balance Physiotherapy Referral Form

### For completion by Referring Practitioner

Based on a recent (within 6 months) review of this patient's health status, I wish to refer my patient to the Gait & Balance Physiotherapy at McMaster Physical Activity Centre of Excellence. I am aware that this program may include aerobic and resistance exercise, as well as the use of creative rehabilitation technology (robot-assisted treadmill therapy, overground training with body weight support harness) and it is suitable for this patient to participate as tolerated.

**Certification Statement:** I have received authorization from this patient to release the information below and to permit the staff of the McMaster Physical Activity Centre of Excellence to contact him/her directly for follow-up.

**Name of Referring Practitioner:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Patient Information

**Name:** \_\_\_\_\_ **Date of Birth (MM/DD/YY):** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Diagnosis/Reason for Referral:** \_\_\_\_\_

**Mobility/Assistance Required:**  Unable to walk  Able to walk  No aid  Knee brace  
 Ankle/foot splint  Walker  Manual wheelchair  Power wheelchair

**Clinical/Orthopedic concerns or limitations:** \_\_\_\_\_  
\_\_\_\_\_

**Please return form to:**

McMaster Physical Activity Centre of Excellence (PACE)

McMaster University, Ivor Wynne Centre, Room E114

1280 Main Street West, Hamilton, Ontario L8S 4L8

**Phone:** 905-525-9140, ext. 27223

**Fax referral form to:** 905-525-7629