



Specialized Services
for Children & Youth
Together is Better

PROSTHETICS & ORTHOTICS REFERRAL FORM



1155 Notre Dame Ave Winnipeg R3E 3G1

Telephone (204) 452-4311 Fax (204) 474-2387

PLEASE COMPLETE FORM ACCURATELY TO AVOID POSSIBLE DELAYS

PATIENT'S SURNAME	GIVEN NAMES		SEX
FAMILY HEAD OR GUARDIAN	RCC CHART NO.	DATE	
ADDRESS	DATE OF BIRTH	DEPARTMENT	
	TELEPHONE	MHSC & PHIN REGISTRATION NO.	
INTERPRETER REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	LANGUAGE <input type="text"/>	AGENCY RESPONSIBLE FOR PAYMENT AND/OR TREATY NO. NAME NUMBER	

DIAGNOSES

REQUESTED DEVICE TYPE

<input type="checkbox"/> Foot Orthotics	<input type="checkbox"/> TLSO/ Soft Boston
<input type="checkbox"/> AFO's/ SMO's	<input type="checkbox"/> Cervical Collar
<input type="checkbox"/> Shoe Mod	<input type="checkbox"/> Elbow Orthoses
<input type="checkbox"/> Knee Orthoses	<input type="checkbox"/> Wrist Hand Orthoses
<input type="checkbox"/> Hip Orthoses	<input type="checkbox"/> Other <input type="text"/>

REQUESTED DEVICE SIDE LEFT RIGHT BILATERAL

PURPOSE OF DEVICE/ TREATMENT PLAN

WEAR SCHEDULE

HISTORY OF PREVIOUS DEVICES

DOCTOR INVOLVED WITH TREATMENT PLAN

NAME & CONTACT INFO OF THERAPIST