



# NORTHERN THERAPY SERVICES

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## PHYSIOTHERAPY Referral Form

Community: \_\_\_Tsartlip \_\_\_Pauquachin \_\_\_Tseycum \_\_\_Tsawout

**Physiotherapist: Robert Busch** **Physiotherapist: Emily Adams**  
**Phone: Robert (250) 741-7798** **Phone: Emily (250) 739-2947**

**FAX REFERRALS TO THE COMMUNITY HEALTH CENTRE: 250-652-8395**

Client's Name \_\_\_\_\_ Client's DOB \_\_\_\_\_

Client's Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Personal Health No \_\_\_\_\_

WSBC Claim/ICBC Claim/Status No \_\_\_\_\_

Diagnosis (include duration of symptoms/diagnosis) \_\_\_\_\_

Reason for Referral and Treatment Required \_\_\_\_\_

Preferred Timing of Treatment

(\_\_\_) Urgent Reasoning (see below): (\_\_\_) Can be placed on Waitlist

Referral Person \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Clients will be seen in the order referrals are received unless the following circumstances are present:**

- 1) In Community: Higher priority will be given to clients who are considered to have safety risks at home, at risk of developing pressure sores, or have acute injuries (fractures, sprains, recent surgeries)
- 2) For other reasons specified by referral source
- 3) Clients with ICBC, WSBC, or extended health benefits are encouraged to seek other private practices, PT's will determine provision of service on a case by case basis.