

Atlantic Clinic for Upper Limb Prosthetics
Institute of Biomedical Engineering
University of New Brunswick
25 Dineen Drive, Fredericton NB E3B 5A3
T: 506-453-4966 F: 506-453-4827 e-mail:
limbclinic@unb.ca
unb.ca/ibme/limb-clinic/

Patient Information

Referral Form

Date of Referral: (DD/MM/YYYY) _____

PATIENT INFORMATION

Name: _____

Date of Birth: _____ DD / MM / YYYY

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Work: _____

Mobile Phone: _____ Email: _____

Health Card: _____ Worker's Comp Claim #: _____

DVA #: _____

Please check the appropriate box below and provide details in the next section

Request for Amputee & Prosthetic Services

☐ Assessment & Management Date of Loss (if applicable): _____

☐ Surgical Opinion/ Consult

☐ Rehabilitation & Training Level of loss (if applicable): _____

BRIEF HISTORY Please also attach relevant information as needed, i.e. discharge summary, photos, relevant surgical reports, etc.

Primary Care Provider Name _____

Is the primary care provider aware
of this referral? ☐ Yes ☐ No

REFERRING PRACTITIONER INFORMATION

Name: _____ Specialty: _____

Phone: _____ Fax: _____

Signature: _____