RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

Therapeutic Services

Referral Form – Outpatient
Fredericton and Upper River Valley Areas

Patient name _____
Address _____
Phone number _____
Date of birth _____ Age _____
Medicare number _____
Family MD _____
Parent/Guardian _____

Date of Referral _____

Language Preference: ❒ English ❒ French

Referral Source (please print)

Name _____
Profession _____
Patient is aware of referral ❒ Yes ❒ No
Physician is aware of referral ❒ Yes ❒ No

Service Requested:
(Check one service only)

- ❒ Speech-Language Pathology
  - ❒ Video Fluoroscopic Swallow Study
  - ❒ Laryngectomy
- ❒ Audiology (VNG)
- ❒ Children's Rehab Team (0-5 years)
- ❒ Psychology
- ❒ Occupational Therapy*
- ❒ Clinical Nutrition *
- ❒ Physiotherapy*

(*See back for relevant community health clinics)

Preferred Service Location:

❒ Fredericton ❒ Waterville ❒ Plaster Rock
❒ Oromocto ❒ Perth Andover ❒ Other _____

Reason for Referral

Description of Primary Presenting Problem

Onset of problem ❒ less than 1 month ❒ 1-3 months ❒ greater than 3 months ago Recurring problem ❒ Yes ❒ No

Is the patient being followed by any other service providers? (e.g., EMP, Mental Health, Social Development, Private practitioners, etc.) ❒ No ❒ Yes If yes, please list: _____

*Please attach any relevant documentation (e.g., diagnostic imaging reports, specialist reports, past medical history, etc.)

Relevant Medical History

Additional Information

Date _____ Time _____ Signature _____

Referrals without detail for triage/prioritization may be returned to referral source for more information.

Contact Information for relevant services can be found on the reverse of this form.

Note: If a department / service location cannot be found on this form, please provide your patient with the **Open Access Booking information** to make their appointment.			
Service	**Location**	**Phone**	**Fax**
Clinical Nutrition	**Community Health Centres (CHC):** • Downtown Community Health Center • Noreen-Richard Health Centre • Northside Health Centre:	452-5900 474-4611 447-4444	452-5793 474-4621 447-4221
	Health Clinics: • Chipman • Tobique Valley CHC Plaster Rock	339-7650 356-6609	339-7652 356-6637
DiabetesClinic	**DECH & OPH**	452-5180	447-4363
Physiotherapy	**Community Health Centers and Health Clinics (HC):** • Queens North CHC Minto • Tobique Valley CHC Plaster Rock	327-7821 356-6609	327-7899 356-6637
Children's Rehab Team	**Woodbridge Centre**	452-5611	452-5661
	Upper River Valley Hospital	375-2569	375-2840
Psychology	**Dr. Everett Chalmers Hospital**	452-5287	452-5989
	Upper River Valley Hospital	375-2573	375-2867
Speech Language Pathology	**Dr. Everett Chalmers Hospital**	447-4015	452-5814
	Upper River Valley Hospital	375-2569	375-2840
Audiology	**Dr. Everett Chalmers Hospital**	452-5931	452-5814
Occupational Therapy	**Community Health Centers and Health Clinics** • Downtown Community Health Center • Queens North CHC Minto	452-5900 327-7845	452-5793 327-7899