



**Parkwood Institute Main Building  
Adult Wheelchair and Seating Program**  
St. Joseph's Health Care – London  
PO Box 5777, STN B London, ON  
N6A 4V2  
(519) 685-4292 x42199  
**FAX 519-685-4560**

**Office Use Only**

Appointment Date

Hospital Chart No.

Date Reviewed: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_  
CERNER Coding \_\_\_\_\_

**PARKWOOD SEATING PROGRAM - Community Consultation Referral Form**

Client Name

Address

Diagnosis

Telephone

Health Card Number

Birth date

**Referring  
Therapist**

Name  OT  PT

ADP Authorizer?  Yes  No

Agency Fax#

Telephone # Cell #

**Reason for Referral**


**A doctor's referral for "Seating Consultation" is required prior to an appointment being scheduled.** Please have it faxed to: Parkwood Seating Program (519) 685-4560

Yes, I have reviewed the Parkwood Seating Program Community Consultation process myself and with this client and understand the responsibilities and process.

<https://www.sjhc.london.on.ca/media/7334/download>

Referring Therapist's Signature

Date:

**Fax the completed form to 519-685-4560 or mail it** to Parkwood Institute Main Building, Adult Wheelchair and Seating Program, St Joseph's Health Care London, PO Box 5777, STN B, London ON. N6A 4V2.

We **cannot** accept completed forms by email.