



Parkwood Institute Main Building
550 Wellington Road, London ON N6C 0A7
(519) 685-4292 x42199

Office Use Only

Appointment Date

Hospital Chart No.

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

Telephone #

Cell #/Fax#

Reason for Referral

A doctor's referral for "Seating Consultation" is required prior to an appointment being scheduled.

Please have it faxed it to: Parkwood Seating Program (519) 685-4560

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

Therapist's signature

Date:

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

Do not E-Mail completed forms.