The Centre for Family Medicine
Family Health Team

4111-250 Laurelwood Drive
Waterloo, ON , N2J 0E2
Ph: 519-904-0656
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Community SCI Referral Form – CFFM Mobility Clinic

Name:_____

Date of Birth:_____

Contact Information:_____

Family Physician and Billing #:_____

Spinal Cord Injury: (eg: level of injury):_____

Date of Injury:_____

Does this patient require the use of our lift to transfer?_____

Any related spinal concerns (eg: ventilator needed; autonomic dysreflexia, etc.)

_____

_____

List other specific concerns: (bladder issues, bowel issues, spasticity, pressure sores, wheelchair)

_____

_____

_____

Please list other specialists involved in patient's care (physiatrists, neurologist, urologist)

_____

_____

Please enclose any reports if possible:	Yes		No	
Is this referral for a General Assessment?	Yes		No	

This completed form or a referral letter can be faxed to CFFM Mobility Clinic at 519-904-0658