CWC PCN Physiotherapy Program Referral Form

Primary Care Network
CALGARY WEST CENTRAL

Fax to 587.387.7265. Incomplete referrals will be returned to the ordering physician.

Date: _____

Inclusion criteria:

- The patient requires physical rehabilitation and/or pain management and can actively participate in physio to achieve a positive outcome.
- The patient is motivated and willing to participate in either one-on-one or group exercise settings and perform a home exercise program.

And one of the following criteria are met:

- Rotator cuff-related **shoulder pain** that limits activity and participation in the community.
- Joint-related degenerative **hip and/or knee pain** due to osteoarthritis that limits activity and participation in the community.
- Aged 18 and up with recurrent/persistent **chronic low back pain** (pain for more than 3 months/history of episodes of 3-plus months).

REQUIRED

☐ I have reviewed the medical and financial exclusion criteria on page 2 and confirmed eligibility.

Area of concern

☐ Hip ☐ Knee ☐ Shoulder ☐ Low back

Note: Most hip/knee/low back patients will be referred for the appropriate GLA:D group program.

Symptoms

☐ Pain ☐ Stiffness ☐ Reduced ROM

Diagnosis

Factors that might affect care

Note: The first appointment will be virtual (video or phone).

Hearing:	Language:
Internet access:	Other:

Patient information *Affix patient label or enter information here*

Patient name: _____ PHN: _____ DOB (yyyy/mm/dd): _____

Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose ☐ Other: _____

Address (include city and postal code): _____

Phone (H): _____ (C): _____

Preferred pronouns: ☐ She/her/hers ☐ He/him/his ☐ They/them/theirs ☐ Other: _____

Email: _____

Preferred contact person (if applicable): _____ Relationship: _____

Preferred contact number (H): _____ (C): _____

Physician information

Referring physician name: _____ Clinic name: _____

Clinic phone number: _____ Clinic fax number: _____

Family physician name (if different): _____

View or print the patient handout: bit.ly/physio-handout

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Exclusion criteria

Financial exclusions
• Eligible for coverage (e.g., receiving AISH, recent fracture or surgery qualifying for AHS physio, etc.) or currently receiving care from AHS Outpatient and Community Physiotherapy Services (if so, refer to Rehab Advice Line at 1.833.379.0563 for AHS physio program) • Eligible for coverage from Workers Compensation Board, Automobile Accident Insurance Benefits, or unused extended health benefits • Has the financial resources to pay out of pocket
Candidate for other programs
• Receiving physiotherapy or has received physiotherapy within the last year through an AHS-funded program for the same diagnosis • Previously received treatment through the CWC PCN's Physiotherapy Program for the same diagnosis • Receiving or eligible for services for specialized complex and chronic pediatric conditions through AHS programs or AHS contracts
Medical exclusions

• General exclusions:
  ○ Diagnosed with a pain syndrome, including complex pain syndrome, myofascial pain syndrome, or fibromyalgia
  ○ Radicular signs or radiculopathy
  ○ Diagnosed with an inflammatory joint disease (i.e., ankylosing spondylitis/rheumatoid arthritis)
• Hip exclusions:
  ○ Soft tissue hip pathology, including greater trochanteric pain and myofascial hip pain
• Knee exclusions:
  ○ Ligamentous knee injury (e.g., ACL tear)
• Shoulder exclusions:
  ○ Acute (within the last three months) rotator cuff tear
  ○ History of shoulder instability (e.g., subluxation, dislocation)
• Back exclusions:
  ○ History of back surgery
  ○ Lumbar or thoracic fracture, including stress fracture

For these ineligible patients, please consult our concise summary of alternative services.