STRATFORD HAND THERAPY Hand and Upper Limb Rehabilitation	The Jenny Trout Centre 342 Erie St., Suite 121 Stratford, ON N5A 2N4 Phone: (519) 305-3342 Fax: (519) 305-3343 email@stratfordhandtherapy.ca www.stratfordhandtherapy.ca

Referral Form

Client Information	
Name:	**Date of Birth (DD/MM/YYY):**
Address:	
Phone Number (Home/Cell):	**Email Address:**

Insurance Information	
□ **Private Pay**	
□ **WSIB**	WSIB Claim #
□ **Extended Health**	Insurance Company

Diagnostic Information	
Family Physician	**Surgeon**
Diagnosis	
Date of Onset/Injury	
Date of Surgery and Surgical Procedure	
Reason for Referral/Special Instructions/Precautions	
Date	**Physician/Surgeon Signature**

Please **fax** or **email** completed Referral Form with pertinent **OR report** and **X-ray images**