



**STRATFORD**  
**HAND THERAPY**  
Hand and Upper Limb Rehabilitation

471 Hibernia Street  
Stratford, ON N5A 5W2  
Phone: (519) 305-3342

Fax: (519) 305-3343  
[email@stratfordhandtherapy.ca](mailto:email@stratfordhandtherapy.ca)

[www.stratfordhandtherapy.ca](http://www.stratfordhandtherapy.ca)

## Referral Form

### Client Information

Name:

Date of Birth (DD/MM/YYYY):

Address:

Phone Number (Home/Cell):

Email Address:

### Insurance Information

Private Pay

WSIB

Extended Health

WSIB Claim #

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**