CONSUMER CHOICE AWARD 2020 HALTON REGION

Halton Healthcare

Patient Name: _____ D.O.B: _____ Phone No.: _____

Address: _____ Date: _____

Physician Name: _____ Physician Signature: _____

OHIP Billing#: _____ Physician Diagnosis/Comments: _____

_____

_____

_____

❒ Motor Vehicle Accidents ❒ WSIB ❒ OHIP* ❒ Self Pay ❒ Extended Health

❒ Physiotherapy ❒ Registered Massage Therapy ❒ Chiropractic Care - Advanced Practice Clinician (OTMH/GH)
❒ Lower Back Pain Program (OTMH/GH) ❒ Lumbar Spinal Stenosis Program (OTMH/GH) ❒ Torticollis
❒ Therapeutic Pool Programs (OTMH) ❒ Radial Shockwave Therapy (OTMH) ❒ Vestibular Rehab (Vertigo)
❒ Pelvic Floor Strengthening - Pfilates ❒ Pelvic Health - Internal (MDH)

OHIP Eligibility Criteria* Ontario

Must hold a valid Ontario Health Card (OHIP) & have a doctor's referral or a nurse practitioner referral & one of the following:

❒ Aged 65 years and older ❒ Aged 19 years and younger ❒ Receiving benefits from Ontario Works
❒ Receiving benefits from ODSP Disability ❒ Recently discharged from hospital for a physiotherapy related condition.*

*A referral is required from the discharging physician.

WORK-FIT Total Therapy Centre

Oakville Trafalgar Memorial Hospital
3001 Hospital Gate
Oakville, ON L6M 0L8
T: 905.845.9540
F: 905.815.5109

Milton District Hospital
725 Bronte St. South
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L9T 9K1
T: 905.876.7022
F: 905.876.7005

Georgetown Hospital
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T: 905.873.4598
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WorkfitPhysiotherapy.ca

A Hospital Program. All net proceeds support Hospital programs.