



CROCUS CARE SOLUTIONS
Care at its best!

Physiotherapy & Rehabilitation Clinic

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Patient Name _____

Patient Phone _____

- | | |
|---|--|
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Social Work (MVA only) |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Income Replacement Benefit |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Case Management (MVA only) |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Personal Care Benefit (PSW) |
| <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Housekeeping Benefit |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Childcare Benefit |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Assistive Devices Program |

Diagnosis & Additional Details

Coverage

- | | |
|--|--|
| <input type="checkbox"/> SEOCHC Physiotherapy Plan (6 sessions) | <input type="checkbox"/> BlueCross (Refugee) |
| <input type="checkbox"/> WSIB (work injury) | <input type="checkbox"/> Private Pay |
| <input type="checkbox"/> MVA Benefits (car accident) | <input type="checkbox"/> Free consultation to determine eligibility |
| <input type="checkbox"/> Extended Health Benefits (work benefits) | <input type="checkbox"/> Other _____ |

Practitioner Name

Phone

Date

Signature

REFERRAL FORM