REFERRAL FORM

305 Helena is a space for independent practitioners. Each practice is independently owned and operated, sets its own fees, bills separately, and is solely responsible for the care it provides.

305 Helena does not provide healthcare services; the independent practitioner does.

✓ INDEPENDENT PRACTITIONERS | ✓ COLLABORATIVE HEALTH

1. REFERRING PRACTITIONER INFORMATION

Name:

Profession: Billing #:

Phone: Fax:

2. PATIENT INFORMATION

Name: Date of Birth:

Phone:

3. SERVICE(S) REQUESTED

Please check all that apply. Each practitioner below is an independent practice.

Cyrus Kazemi, PT
Physiotherapy

- ☐ **Arthritis Management**
  - ☐ General assessment
  - ☐ Group support and/or education
  - ☐ Walking program
  - ☐ Custom hand splinting
  - ☐ Hand/foot assessment
  - ☐ GLA:D Program
- ☐ **Healthy aging and falls prevention**
  - ☐ General assessment
  - ☐ Group support and/or education
  - ☐ Falls prevention program

Christiane Kazemi, PT
Physiotherapy

- ☐ **Pelvic Health**
  - ☐ General assessment
  - ☐ Urinary incontinence
  - ☐ Dyspareunia
  - ☐ Perinatal Care
  - ☐ C-Section rehabilitation
  - ☐ Postnatal Care
- ☐ **Pediatrics**
  - ☐ Torticollis, Plagiocephaly, and Body Tension
  - ☐ Pelvic Floor Disorders
  - ☐ Gross Motor Development

Dr. Barbara Falco-Kazemi
Lifestyle Medicine (OHIP)

- ☐ **Chronic disease prevention and management complementing conventional medicine:**
  - ☐ Hypertension
  - ☐ Prediabetes
  - ☐ Type 2 diabetes
  - ☐ Vascular disease (CAD, CVA, PVD)
- ☐ **Insomnia**
  - ☐ Cognitive Behavioural Therapy (CBT-I)

Arms Open Counselling
Therapy

- ☐ **Areas of Focus**
  - ☐ Relationships
  - ☐ Anxiety
  - ☐ Depression
  - ☐ Child Therapy
  - ☐ Reduced Fee
  - ☐ Other:

Miranda Murphy, SLP
Stephanie Ormel, SLP
Speech-Language Pathology

- ☐ **Areas of Focus**
  - ☐ Pediatric Speech and Language
  - ☐ Augmentative and Alternative Communication (AAC)
  - ☐ Literacy
  - ☐ Autism Spectrum Disorder (ASD)
  - ☐ Stroke and Brain Injury Rehabilitation
  - ☐ Progressive Neurological Conditions (e.g. Primary Progressive Aphasia)
  - ☐ Swallowing
  - ☐ Communication Partner Education & Training

4. ADDITIONAL INFORMATION

Relevant history / additional information:

5. PATIENT CONSENT

I confirm that the patient is aware of and has consented to this referral to the practitioner indicated above.

Referring Practitioner Signature: Date:

CONTACT INFO

Phone: 289-331-3811
Fax: 844-770-2207
Address: 305 Helena Street, Dunnville, ON N1A 2S9
Website: www.305helena.ca

THANK YOU

Please fax this referral and it will be referred to the appropriate independent practitioner.