NORTHWEST TERRITORIES
Health and Social Services Authority

Client label

Rehabilitation Services Self-Referral Form

YOUR PERSONAL HEALTH INFORMATION IS COLLECTED UNDER THE NWT HEALTH INFORMATION ACT AND WILL NOT BE USED OR DISCLOSED, UNLESS ALLOWED OR REQUIRED BY THIS ACT OR ANY OTHER ACT

Who would you like to see? ☐ **Audiology** ☐ **Occupational Therapy** ☐ **Physiotherapy** ☐ **Speech-Language Pathology**		
Last Name	**First Name**	**Middle Name**
DOB (dd/mm/yy)	**Gender** ☐ **Female** ☐ **Male** ☐ **X**	
Address (Street, City, Province/Territory, Postal Code)		**Phone Number:** **Day:** **Cell/Other:**
Parent/Guardian Name(s) (if applicable)		
Language Spoken	**Interpreter needed?**	**Health Care #**
Family Doctor	**Yes** ☐ **No** ☐	**Alternate ID #** (if applicable)

Please describe the injury or concern and how it effects your day (sleep, mobility, communication, play, etc)**:**

How long have you or your child had this injury or concern?

Are you or your child currently off work/school due to this injury or concern? ☐ **Yes -** for how long?_____ ☐ **No**

Is this concern the result of a workplace injury? ☐ **Yes** - WSCC Claim #:_____ ☐ **No**

If this is for a hearing test, is it required as part of a routine workplace medical? ☐ **Yes** ☐ **No**

Have you been hospitalized or had any surgery related to this problem? ☐ **Yes** – what for?_____ ☐ **No**

Do you use any of the following as they relate to your issue?

☐ **hearing aids** ☐ **mobility aids** (crutches, cane, walker or wheelchair) ☐ **splints** ☐ **orthotics**

Do you or your child have any other related health concerns we should be aware of? (If you are experiencing new issues of dizziness, tingling, loss of sensation or bowel/bladder function, please see your doctor right away)

Have you sought any treatment or advice for this problem in the past?

Patient or Guardian Signature **Date**

PLEASE NOTE: If you are in the Fort Smith, Hay River, Beaufort Delta or Sahtu regions please drop your form off at your local hospital or health center.

Submit VIA Email

Trouble? Send form to: sth_rehab@gov.nt.ca