Ph: (902) 425-3775
Fax: (902) 425-3774
Email: admin@121wellness.ca

1535 Dresden Row, Suite 210,
Halifax NS B3J 3T1
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onetoone

EMPOWERING YOUR JOURNEY TO BETTER HEALTH

Patient Information

Name: Date of Birth: Phone:

Email: Health Card Number: Claim/K Number:

Reason for Referral

- ☐ Acute MSK Injury (< 3 months)
- ☐ Chronic MSK Pain (>3 months)
- ☐ Neuropathic Pain
- ☐ Concussion/Post-Concussion
- ☐ POTS
- ☐ Chronic Fatigue/ME
- ☐ Hypermobility Syndromes
- ☐ Fibromyaglia
- ☐ PTSD
- ☐ Depression
- ☐ Anxiety
- ☐ Stress
- ☐ Motor Vehicle Accident
- ☐ Psychosocial Barriers
- ☐ Sleep Disturbances
- ☐ Chronic Condition(s)

Other: _____

Services Referring To

- ☐ Nurse Practitioner
- ☐ Occupational Therapy
- ☐ Sleep Medicine (VAC only)
- ☐ Massage Therapy
- ☐ Psychology
- ☐ Osteopathy
- ☐ Physiotherapy
- ☐ Free 15-min Screening

Programs Referring To

- ☐ 3-Phased Interdisciplinary Chronic Pain Management Program (VAC) (check NP, OT, PT Psych above)
- ☐ Pain Self Management Program
- ☐ Seated Mobility Class (Physiotherapy)
- ☐ Cancer Rehabilitation

Referring Provider Information

Name: Phone: Fax:

Signature:

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