



Gait Technology Program
 3560 Bathurst St., Main Floor, Toronto, ON M6A 2E1
 Telephone: (416) 784-3600 Fax: (416) 784-5600

REQUEST FOR CONSULTATION

PATIENT NAME: _____
 HEALTH CARD: _____ DATE OF BIRTH: _____ (DD/MM/YYYY)
 PHONE: _____ WORK/CELL: _____
 ADDRESS: _____

PLEASE ATTACH MOST RECENT MEDICAL REPORT

REFERRING DR.: _____	BILLING # _____
ADDRESS: _____	
TELEPHONE: () _____	FAX: () _____
DIAGNOSIS: _____	
CURRENT MEDICATIONS: _____	
SIGNATURE: _____	DATE: _____

- Able to follow instructions
- Able to attend 2 times/week for 5 weeks
- Able to co-pay for a 10 session program
- Able to ambulate 25 feet with or without assistive device
- Ability to follow instructions, do homework and learn new skills

<i>Please check if any of these apply:</i>	Private Insurance <input type="checkbox"/>	ODSP <input type="checkbox"/>	WSIB <input type="checkbox"/>	Veterans Affairs <input type="checkbox"/>	MVA <input type="checkbox"/>
<i>Then include relevant information:</i>		<u>Case/Claim/ODSP #:</u>			
Additional report(s) included <input type="checkbox"/> _____ pages		<u>Contact/Case manager:</u>			

Program Stream:

- Gait and Balance Training** **Gait Technology Program including Ness L300™ Device Assessment**

*Physicians that recommend the Gait Technology Program are required to complete this form:

1- Special approval for Ness L300 Device required by Physician if patient has (please check):			
history of seizures ___	baclofen pump ___	metallic implants ___	atrial fibrillation ___
2- EMG is used as a screening tool by ATC to determine candidacy for functional electrical stimulation.			
Request EMG ___	Specific concerns:		

NOTE: Patients with foot drop as a result of diabetic neuropathy or failed back surgery may not be candidates for FES device, but an EMG confirming eligibility may be provided at ATC.

Please Fax your referral and most recent medical report.

IMPORTANT NOTICE ON CONFIDENTIALITY:

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