Atlantic Clinic for Upper Limb Prosthetics
Institute of Biomedical Engineering, UNB

University of New Brunswick
25 Dineen Drive, Fredericton NB E3B 5A3
T: 506-453-4966 F: 506-453-4827 e-mail:
limbclinic@unb.ca

Patient Information

Referral Form

Date of Referral: (DD/MM/YYYY) _____

PATIENT INFORMATION

Name: _____

Date of Birth: DD / MM / YYYY

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Work: _____

Mobile Phone: _____ Email: _____

Health Card: _____ Exp: _____ Worker's Comp Claim #: _____

DVA #: _____ Next of Kin name & contact info _____

Please check the appropriate box below and provide details in the next section

Request for Amputee & Prosthetic Services

- ☐ Assessment & Management
- ☐ Surgical Opinion/ Consult
- ☐ Rehabilitation & Training

Date of Loss (if applicable): _____

Level of loss (if applicable): _____

BRIEF HISTORY Please also attach relevant information as needed, i.e. discharge summary, photos, relevant surgical reports, etc.

_____

_____

_____

_____

_____

Primary Care Provider Name _____

Is the primary care provider aware of this referral? ☐ Yes ☐ No

REFERRING PRACTIONER INFORMATION

Name: _____ **Specialty** _____

Phone: _____ Fax: _____

Signature: _____

Please clearly fill out all sections and fax to 506-453-4827 or email to limbclinic@unb.ca