

MEDICAL FORM

Dear Doctor,

Your patient _____ has been referred to attend OPEN DOOR ACTIVITY CENTRE. Please complete the following form. This information is private and confidential for use by the H.M.O, Physiotherapist, O.T. and the Care Manager.

Thank you!

Please print clearly

Client's name _____ D.O.B. _____

Medical card number _____

Disability _____

Secondary condition _____

Medication _____

Side effects _____

Any precautions _____

Is your patient fit to attend the Centre? _____

Doctor's signature _____

Address _____

Telephone _____

Note: this form should be filled up by the G.P. and returned to Open Door by the Applicant together with the Application form.