

Please fax this referral form to **1.877.270.7714** and give a copy to the patient. A representative from Physiomed's Head Office will contact the patient and arrange for an appointment at our most appropriate clinic location.

REFERRING PROVIDER & PATIENT INFORMATION:

Referring Provider: _____

OHIP Billing #: _____

Office Phone: _____ Fax: _____

Family Doctor: _____ Family Doctor's Phone: _____

Patient Name: _____

Health Card #: _____ Version Code: _____

DOB (D-M-Y): _____

Address: _____

Phone: _____ Alternate: _____

Email: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Sport Rehab | <input type="checkbox"/> Acute Injury Management | <input type="checkbox"/> Concussion Care |
| <input type="checkbox"/> Motor Vehicle Collision | <input type="checkbox"/> Chronic Injury Management | <input type="checkbox"/> Vertigo |

REFERRAL DETAILS:

- Patient consent obtained to send a copy of the emergency department medical record.

Physiomed is a franchised network of over 30 healthcare clinics featuring an interdisciplinary team that includes Physicians, Physiotherapists, Chiropractors, Chiropodists, Naturopaths and Registered Massage Therapists that has helped improve the health and fitness of over one hundred thousand Canadians.