

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.

You may also submit this form by scanning and emailing it to: **intakes@physiomed.ca**

REFERRING DOCTOR & PATIENT INFORMATION:

Referring Doctor: _____

Office Phone: _____ Fax: _____

Family Doctor: _____ Family Doctor Phone: _____

Patient Name: _____

DOB (D-M-Y): _____

Address: _____ City: _____

Phone: _____ Alternate: _____

Email: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Vestibular Physiotherapy | <input type="checkbox"/> Custom Orthotics |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Concussion Management | <input type="checkbox"/> Orthopedic Bracing |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Motor Vehicle Management | <input type="checkbox"/> Other |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> 20-30mmg Compression Socks | |

DIAGNOSIS:

- Patient consent obtained to send emergency department medical record copy. WSIB EHC

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.