

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.

Patients can follow up with Physiomed Head Office directly by calling **416.788.4211**.

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

### 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.*