PATIENT REFERRAL

PATIENT INFORMATION

Name:

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Email:

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Phone Number:

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PREVIOUS IMAGING AND RESULTS

Previous Imaging:

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Results:

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REFERRING HEALTH CARE PROVIDER INFORMATION

Clinic Name:

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Clinic Phone:

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Clinic Fax:

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Referring Provider (please print):

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Signature:

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REASON FOR REFERRAL

- ☐ Physiotherapy
- ☐ Psychology
- ☐ Yoga/Pilates (group or individual)
- ☐ Headache Management
- ☐ Multidisciplinary Temporomandibular Joint Assessment (Physiotherapist and Pain Specialist)
- ☐ Individualized Exercise Program Planning
- ☐ Women's Pelvic Floor Physiotherapy

HEALTH CARE PROVIDER COMMENTS

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FIX PHYSIO INFORMATION

Phone: (403) 282- 2545
Website: www.fixphysio.ca
Please Fax to: (403) 282 – 2241 or
Email to: info@fixphysio.ca

See Back of Page for Directions

Visit us at #210 4503 Brisbois Dr NW