physiomobility HEALTH GROUP
6 Maginn Mews, Suite 211 Toronto, ON M3C 0G9
Phone: 416-444-4800 | Fax: 416-444-4811
www.physiomobility.com | reception@physiomobility.ca

REFERRAL

Patient Name: _____ Tel: _____

Diagnosis: _____

_____

_____

Referring Physician: _____ Tel: _____

PATIENT REFERRED FOR

- ☐ Orthopaedic Physiotherapy
- ☐ Pre & Post Operation Physiotherapy
- ☐ Pelvic Health Physiotherapy
- ☐ Vestibular Physiotherapy
- ☐ Neurological Physiotherapy
- ☐ Concussion Management
- ☐ **In-home Physiotherapy**
- ☐ GLA:D Program for Knee & Hip Osteoarthritis
- ☐ Massage Therapy
- ☐ Cognitive Behavioural Therapy (CBT)
- ☐ Chiropody & Footcare
- ☐ Orthotics
- ☐ Laser Therapy
- ☐ Shock Wave Therapy
- ☐ Braces _____
- ☐ Compression Stocking _____ Pairs _____ mmg
- ☐ Acupuncture
- ☐ Small Group Exercise Programs for
  - ☐ Back Care
  - ☐ Chronic Pain
  - ☐ Parkinson's & MS
  - ☐ Pre-Natal & Post-Partum

Clear Save Print