



PHYSICIAN REFERRAL

Patient's Name: _____

Diagnosis: _____

Precautions: _____

- Evaluate and Treat
- Home Program
- Work/Functional Conditioning
- Therapeutic Exercise
- Modalities
- Other _____

Comments: _____

Frequency: ____ x week ____ weeks or ____ visits total

Signature: _____

Date: _____

Clinics

Surrey - King George Location

103-9093 King George Blvd
Surrey, BC V3V 5V7
(604) 260-0183

New Westminster

420 Columbia St, 4th Floor
New Westminister, BC V3L 1B1
(604) 533-6620

Surrey - 57th Ave Health Clinic

17687 57th Avenue
Surrey, BC V3S 1H1
(604) 576-2449