

PHYSICIAN REFERRAL

Clinics

Whitchurch-Stouffville
37 Sandiford Drive
Suite 103
Whitchurch-Stouffville,
ON L4A 3Z2
(905) 640-1818

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: _____