



BRANT LAKESHORE PHYSIOTHERAPY
FORM MEETS FUNCTION

PHYSICIAN REFERRAL

Clinics

Burlington

1221 Lakeshore Road
Unit 102
Burlington, ON L7S-0A1
(905) 632-3693

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: _____