

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: _____