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Health and Wellness Centre™
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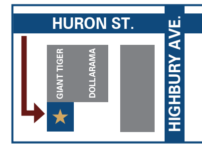

1251 HURON ST. UNIT 111
LONDON, ONTARIO N5Y 4V1
T 519.453.7117 F 519.453.6540

PATIENT'S NAME ______________________________

DIAGNOSIS ______________________________

REFERRING PHYSICIAN ______________________________

PHONE ______________ FAX ______________ AUTH # __________

REFERRAL REQUEST

- ☐ CHIROPRACTIC
- ☐ PHYSIOTHERAPY
- ☐ MASSAGE THERAPY
- ☐ TENS UNIT
- ☐ ACUPUNCTURE
- ☐ LASER THERAPY
- ☐ CUSTOM ORTHOTICS
- ☐ ORTHOPEDIC SHOES
- ☐ ORTHOPEDIC BRACING
- ☐ COMPRESSION STOCKINGS
- ☐ SHOCKWAVE THERAPY
- ☐ SPINAL DECOMPRESSION
- ☐ OTHER ______________

____

AREA OF CONCERN

- ☐ CERVICAL SPINE
- ☐ SHOULDER L/R
- ☐ THORACIC SPINE
- ☐ ELBOW L/R
- ☐ WRIST L/R
- ☐ HAND L/R
- ☐ TMJ
- ☐ LUMBAR SPINE
- ☐ HIP L/R
- ☐ LEG UPPER/LOWER L/R
- ☐ KNEE L/R
- ☐ ANKLE L/R
- ☐ FOOT L/R
- ☐ OTHER ______________

____

☐ EVAL AND TREAT ☐ WORK HARDENING TX: ______ DAYS/WEEKS FOR ______ WEEKS

______________________________ ______________________________

PHYSICIAN'S SIGNATURE DATE

Your Pathway to Optimal Health