



Physiotherapy

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Aurora, ON L4G 3W3

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REFERRAL FORM

PATIENT INFORMATION

Last Name: First Name:

Phone: Email:

Diagnosis/Contra-Indication/Comments:

Patient is: Motor Vehicle Accident Sport Related Injury

TREATMENTS REQUIRED

- Physiotherapy
- In Home Physiotherapy
- TMJ Physiotherapy
- Custom Made Brace
- Massage Therapy
- Custom Made Orthotics
- Acupuncturist
- Post-Surgical Rehabilitation
- Pre-Surgical Rehabilitation
- Post-Concussion Rehabilitation
- Custom Strength & Conditioning Program
- Spinal Decompression

PHYSICIAN INFORMATION

Last Name: Date:

Phone:

Signature

THANK YOU FOR YOUR REFERRAL