Shawnee Physiotherapy and Massage clinic Inc.

2155 88 Shawnee ST SW, Calgary, AB T2Y 3S1

Phone: 2854155403

EMAIL: info@shawneephysiotherapy.ca

https://www.shawneephysiotherapy.ca

REFERRAL FORM

PATIENT INFORMATION:

Patient Name: _____ **AHC #:** _____

Date of Birth: _____ **Phone:** _____

Area of Injury: _____ ☐ **Left** ☐ **Right**

Mechanism of Injury: _____

_____

Related History: _____

Diagnosis: _____

Existing Medical Reports Attached: ☐ **Yes** ☐ **No**

Imaging: _____

DISCIPLINE

- ☐ **PHYSIOTHERAPY**
- ☐ **MASSAGE THERAPY**
- ☐ **ACUPUNCTURE/DRY NEEDLING**
- ☐ **VESTIBULAR/BALANCE/FALL PREVENTION**
- ☐ **PELVIC HEALTH THERAPY**
- ☐ **CUSTOM FOOT/KNEE ORTHOTICS**
- ☐ **NEUROPHYSIOTHERAPY**
- ☐ **MOTOR VEHICLE ACCIDENT**
- ☐ **WCB**
- ☐ **DISABILITY**
- ☐ **SHOCKWAVE THERAPY/LASER THERAPY**
- ☐ **SPORTS INJURY**
- ☐ **POST OPERATIVE REHAB**

SPECIFIC INSTRUCTIONS: _____

_____

PHYSICIANS NAME: _____ **PRAC ID:** _____

SIGNATURE: _____ **DATE:** _____