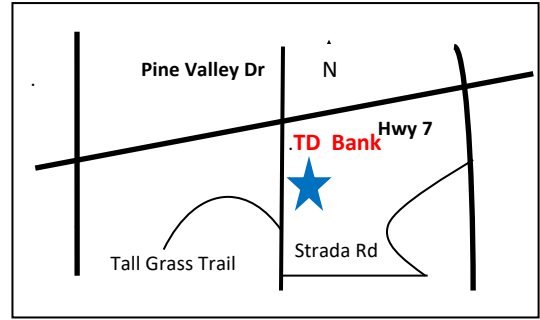


# Physician Referral Form

1-7611 Pine Valley Drive (next to TD bank)  
 Vaughan, Ontario, L4L 0A2  
 Tel: 905-850-SPINE (7746) Fax: 905-850-1871  
 Email: [admin@spinegroup.ca](mailto:admin@spinegroup.ca)  
[www.spinegroup.ca](http://www.spinegroup.ca)



Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Card # \_\_\_\_\_ VC \_\_\_\_\_ Mobile Phone# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Patient Address \_\_\_\_\_ Home Phone# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

DDX/Diagnosis \_\_\_\_\_

- WSIB    MVA    Extended Health Insurance    PI    Veteran    OHIP    OW/ODSP

## Clinical Services

- |   |   |
|---|---|
| <input type="checkbox"/> Physiotherapy (OHIP / Private) | <input type="checkbox"/> Spine Care Program                             |
| <input type="checkbox"/> Medical Pain Management        | <input type="checkbox"/> Spinal Stenosis Rehabilitation (Boot Camp)     |
| <input type="checkbox"/> Chiropractic                   | <input type="checkbox"/> Chronic Pain Program                           |
| <input type="checkbox"/> Registered Dietitian           | <input type="checkbox"/> WSIB/Work Hardening Program                    |
| <input type="checkbox"/> Registered Massage Therapy     | <input type="checkbox"/> Vestibular Rehab Therapy (VRT)                 |
| <input type="checkbox"/> Acupuncture                    | <input type="checkbox"/> Home Rehabilitation                            |
| <input type="checkbox"/> Psychological Counselling      | <input type="checkbox"/> Orthopaedic Devices/Braces: _____              |
| <input type="checkbox"/> GLA:D Hip and Knee Rehab       | <input type="checkbox"/> Compression Stockings 15-20, 20-30, 30-40 mmHg |

Relevant Medical Hx: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician OHIP Billing Number \_\_\_\_\_

Physician Stamp

