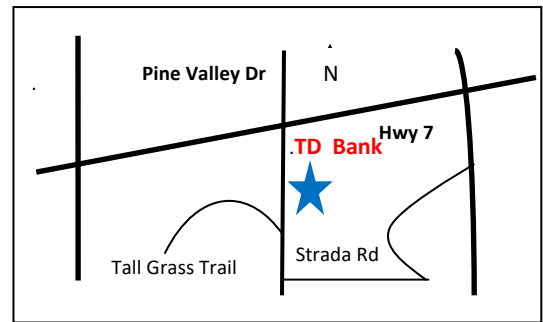


Physician Referral Form

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
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

- | | |
|---|---|
| ☐ Physiotherapy (OHIP / Private) | ☐ Spine Care Program |
| ☐ Medical Pain Management | ☐ Spinal Stenosis Rehabilitation (Boot Camp) |
| ☐ Medical Elderly Care | ☐ Chronic Pain Program |
| ☐ Chronic Disease Management | ☐ Metabolic Weight Management |
| ☐ Chiropractic | ☐ WSIB/Work Hardening Program |
| ☐ Registered Massage Therapy | ☐ Vestibular Rehab Therapy (VRT) |
| ☐ Acupuncture | ☐ Orthopaedic Devices/Braces: _____ |
| ☐ Counselling | ☐ Compression Stockings 15-20, 20-30, 30-40 mmHg |
| ☐ GLA:D Hip and Knee Rehab | |

Relevant Medical Hx: _____

Physician Name: _____ Tel: (____) ____ - ____

Physician Signature: _____ Date: ____/____/____

Physician OHIP Billing Number _____ Physician Stamp