CENTRAL PARK PHYSIOTHERAPY

455 Simcoe Street South, Oshawa, ON L1H 4J7
info@centralparkphysiotherapy.ca | www.centralparkphysiotherapy.ca
T:905-725-4241 | Fax: 905-725-6869

Date: _____ Sex: ☐ M ☐ F

Patient Name: _____

Patient Contact Number: (Home) _____

(Mobile) _____ (Work) _____

Referral Information:

☐ OHIP ☐ EHC ☐ WSIB ☐ PRIVATE ☐ MVA

Diagnosis: _____

Clinical Information: _____

_____

_____

Precautions/Contraindications: _____

Referral For:

☐ Physiotherapy Rehabilitation
☐ Chiropractic Treatment
☐ Compression Stockings
☐ Chiropody (Foot Specialist)
☐ Pelvic Floor Physiotherapy
☐ Vestibular Physiotherapy
☐ 20-30 mm Mg
☐ 30-40 mm Mg
☐ TENS Unit
☐ Massage Therapy
☐ Orthotics/ Orthopedic Shoes
☐ Home Assessment
☐ Acupuncture
☐ Braces/ Splints →
☐ Knee
☐ Ankle
☐ Wrist
☐ Elbow
☐ Lumbar
☐ Other
☐ Registered Dietician
☐ Mental Health Therapy

Referral By:

☐ Physician ☐ Nurse Practitioner ☐ Specialist ☐ Other

Name: _____
Billing #: _____
Phone #: _____ Fax #: _____
Address: _____
Signature: _____

STAMP

WE ACCEPT ALL INSURANCE PLANS & OFFER DIRECT BILLING