QUINTE PHYSIOTHERAPY CLINIC

77 College Street West, Belleville, ON K8P 2G3
info@quintephysiotherapy.ca | www.quintephysiotherapy.ca
T: +1 613-962-9999

Date: _____ Sex ☐ M ☐ F

Patient Name: _____

Date of Birth: _____

Phone: _____ 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:

Name of Referring Physician: _____

Physician's Signature: _____

Physician's Billing & Fax: _____

STAMP

WE ACCEPT ALL INSURANCE PLANS & OFFER DIRECT BILLING