

Patient's Name:	Phone Number:												
Email Address:	Diagnosis:												
Contraindications:													
Payment Method: <input type="checkbox"/> WSIB <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Extended Healthcare Coverage <input type="checkbox"/> Student Extended Healthcare Coverage <input type="checkbox"/> IFHP (Refugees)													
SERVICES <input type="checkbox"/> In-Home <input type="checkbox"/> In-Clinic													
<table border="0"><tr><td><input type="checkbox"/> Physiotherapy</td><td><input type="checkbox"/> Chiropractic Treatment</td><td>Specialized Care</td></tr><tr><td><input type="checkbox"/> Acupuncture/Dry Needling</td><td><input type="checkbox"/> Psychotherapy (Counseling)</td><td><input type="checkbox"/> Pelvic Floor Physiotherapy (Incontinence, Reproductive Health, Pre/Postnatal)</td></tr><tr><td><input type="checkbox"/> Osteopathy</td><td><input type="checkbox"/> Shockwave/Laser Therapy</td><td><input type="checkbox"/> Massage Therapy (Lymphatic, Pre/Postnatal, Sports)</td></tr><tr><td><input type="checkbox"/> Registered Dietitian</td><td></td><td><input type="checkbox"/> Vestibular Rehab / Concussion Management (Vertigo, Dizziness)</td></tr></table>		<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Chiropractic Treatment	Specialized Care	<input type="checkbox"/> Acupuncture/Dry Needling	<input type="checkbox"/> Psychotherapy (Counseling)	<input type="checkbox"/> Pelvic Floor Physiotherapy (Incontinence, Reproductive Health, Pre/Postnatal)	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Shockwave/Laser Therapy	<input type="checkbox"/> Massage Therapy (Lymphatic, Pre/Postnatal, Sports)	<input type="checkbox"/> Registered Dietitian		<input type="checkbox"/> Vestibular Rehab / Concussion Management (Vertigo, Dizziness)
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PRODUCTS													
<input type="checkbox"/> Compression Stockings (20mmHg or higher) <input type="checkbox"/> Bracing <input type="checkbox"/> TENS Unit <input type="checkbox"/> Custom Made Orthotics													
<input type="checkbox"/> Other: _____													

Doctor's Signature: _____

Date: _____

Would you like a follow-up report? Yes No

LOCATIONS

**Bay & College
Physiotherapy & Rehab**

790 Bay Street,
Suite 105
Toronto, ON M5G 1N8

**Palmdale Health
Centre**

3090 Kingston Rd,
Suite 400
Scarborough, ON M1M 1P2

**North York Healthcare
Associates**

2255 Sheppard Ave E,
Suite 300
North York, ON M2J 4Y1

Rehab2Go

In-home and virtual
rehabilitation across Ontario