



# BREAK FREE

PHYSIOTHERAPY + WELLNESS



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Direct Insurance Billing • WSIB and MVA Claims • Open Saturdays and Evenings  
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## PHYSIOTHERAPY REFERRAL FORM

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Date of Injury: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Physiotherapy               | <input type="checkbox"/> MDT (McKenzie Method) | <input type="checkbox"/> Vestibular Therapy |
| <input type="checkbox"/> Pelvic Health Physiotherapy | <input type="checkbox"/> IMS Gunn Dry Needling | <input type="checkbox"/> Acupuncture        |
| <input type="checkbox"/> Other: _____                |  |   |

Diagnosis/Contraindications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Referring Physician / Health Practitioner

Name: \_\_\_\_\_

Signature

Date

### BOOK NOW!

-  Online
-  Phone
-  Email

[WWW.BREAKFREEPHYSIOTHERAPY.CA](http://WWW.BREAKFREEPHYSIOTHERAPY.CA)

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