



Physiotherapy Occupational Therapy Chiropractic

PATIENT NAME:	PHONE No: (home)	(Alternate)
REFERRED BY:	DATE:	

Problem(s) for which the patient is being referred

- | | |
|---|---|
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Spinal Stenosis |
| <input type="checkbox"/> Neuromuscular | <input type="checkbox"/> Degenerative Joint Disease |
| <input type="checkbox"/> Sprain/Strain | <input type="checkbox"/> Degenerative Disc Disease |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> Femur |
| <input type="checkbox"/> Lumbar | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Shoulder/Elbow | <input type="checkbox"/> Tibia/Fibula |
| <input type="checkbox"/> Wrist/hand | <input type="checkbox"/> Foot/Ankle |
| <input type="checkbox"/> Colles Fx | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Smiths Fx | _____ |

Diagnosis

Therapy

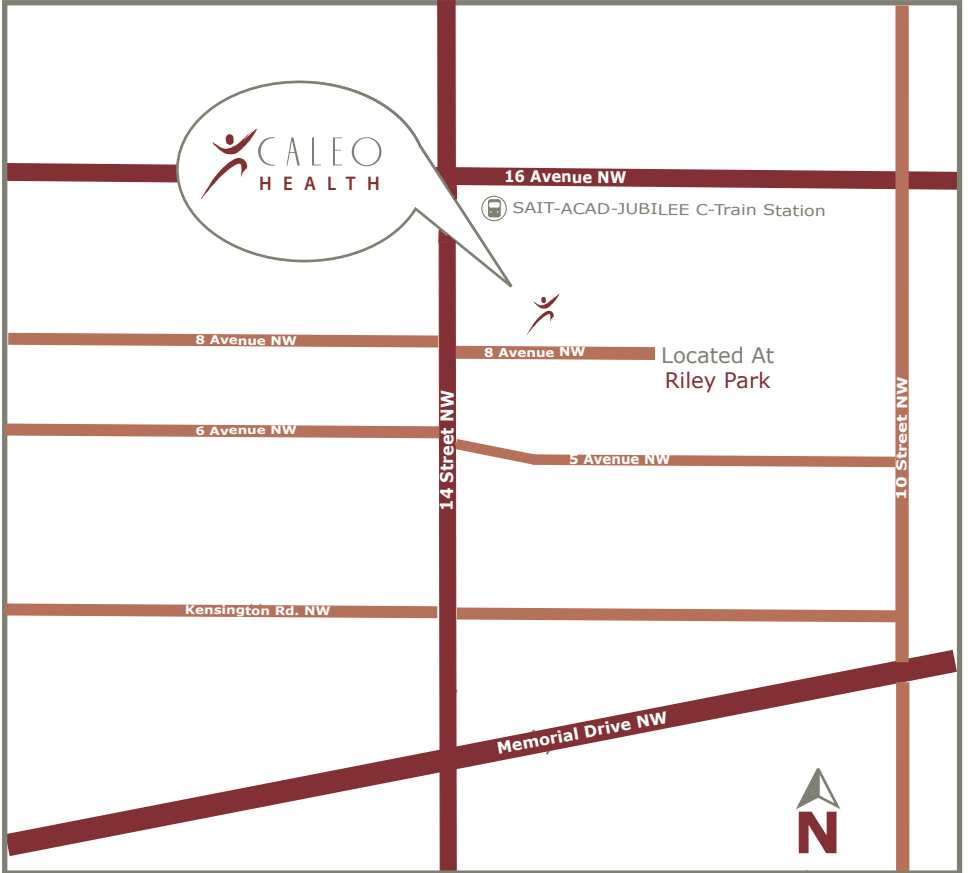
- | | |
|---|--|
| <input type="checkbox"/> Assess | <input type="checkbox"/> Assess and Treat |
| <input type="checkbox"/> MVA Rehab Program | <input type="checkbox"/> WCB Claim |
| <input type="checkbox"/> Post-Surgical | <input type="checkbox"/> Pre-Surgical |
| <input type="checkbox"/> Functional Restoration | <input type="checkbox"/> Graduated Program |
| <input type="checkbox"/> Private | <input type="checkbox"/> Other: _____ |

Precautions to be Noted

- | | | |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> PaceMaker | <input type="checkbox"/> Known Infections | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Metal/Pins | <input type="checkbox"/> Rods/Screws | |
| <input type="checkbox"/> Other: _____ | | |

Physician's Signature/Stamp

Thank You for your referral!
200, 1402 8th Avenue NW Calgary, Alberta T2N 1B9
www.CaleoHealth.ca info@caleohealth.ca
Ph: 403.241.3529 Fax: 403.452.0995



200, 1402 8th Avenue NW Calgary, Alberta T2N 1B9
www.CaleoHealth.ca info@caleohealth.ca
Ph: 403.241.3529 Fax: 403.452.0995

