



EAST GWILLIMBURY  
PHYSIOTHERAPY

# Referral Form

Date: .....

Patient Name: .....

Diagnosis:.....

Other Notes:

Specified Treatment Request:

- Biomechanical Assessment - Tendonitis, Preventative, etc.
- Vestibular Rehab - Symptoms of Dizziness, Vertigo and Balance
- Lymphedema Management or Drainage
- Bone Health Program
- Chronic Pain Program
- Temporomandibular Assessment/Treatment
- Other

Health Care Professional's Name.....

Health Care Professional's Signature.....

info@egphysiotherapy.com  
9 0 5 . 7 1 6 . 8 2 2 0  
www.egphysiotherapy.com

22 Main St. North Suite 3 Newmarket L3Y 3Z7  
48 Olive St. Holland Landing L9N 1L5