foundation REHABILITATION SERVICES

Pan Am Clinic
75 Poseidon Bay
Winnipeg, Manitoba R3M 3E4
P: 204.927.2660 | F: 204.927.2646

Physiotherapy Referral

Patient Name: _____

Date of Birth: _____

Home Phone: _____ Work: _____ Cell: _____

Address: _____

City/Town: _____ Postal Code: _____

Diagnosis: _____

_____

Treatment Precautions: (ie. medical conditions, previous surgeries)

_____

_____

_____

Specific Requests: (ie. specific therapist, specific treatment, treatment protocol, etc.)

_____

_____

_____

Additional Comments / Other Information: _____

_____

_____

Physician's Name: _____ (PLEASE PRINT)

Phone Number: _____ Fax: _____

Address: _____

_____ _____

Physician's Signature Date