



719 Seymour Street, Kamloops, BC V2C 2H4 Phone: 250.682.4477 Fax: 778.471.4472

Physiotherapy Referral Form

Referring Physician: _____ Phone: _____

Patient Information

Name: _____ Birth Date: _____

Address: _____

Telephone: (Home) _____ (Work) _____

PHN: _____ Extended Medical: _____

Diagnosis: _____

XR/CT/MRI results: _____

Medication: _____

Reason for referral: _____

Prescription Information

Physiotherapy for:	Aqua	Regular	Home Visits
Arthritis			
Post surgery / injury rehab			
Balance / coordination			
Fall prevention			
Mobility / gait training			
Chronic pain / fibromyalgia			
Posture / ergonomics			
Stroke / MS			
Reconditioning			
Other:			