



39 Lapsley Road, Scarborough, ON M1B1K1  
Tel: 416 335 7494 | Fax: 416 335 7121

## REFERRAL FORM

Patient's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Scan Here For  
Directions & Info



- Acupuncture
- Physiotherapy
- Massage Therapy
- Custom Made Orthotics
- Compression Stockings/ Socks
- Other:

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

Diagnosis:

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

Pre-Existing Medical Conditions:

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

\_\_\_\_\_  
Physician Signature/Stamp

\_\_\_\_\_  
Date