

ALTIMA WELLNESSCENTRE

PHYSIOTHERAPY · CHIROPRACTIC · MASSAGE



9625 Yonge Street, Unit 2
Richmond Hill, ON, L4C 5T2
(Entrance from Rexall)
T. 905.237.8439
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AltimaWellness.com
Dr. Negin Rabi & Associates

REFERRAL/PRESCRIPTION FORM

Patient's Name _____

Phone _____ Date of Birth _____

SERVICES

- | | |
|---|--|
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Chiropody (Foot Care) | <input type="checkbox"/> Dietitian |
| <input type="checkbox"/> Sport Injury Assessment | <input type="checkbox"/> Shock-wave Therapy |
| <input type="checkbox"/> Post Accident Assessment (specify) | <input type="checkbox"/> Laser Therapy |
| <input type="checkbox"/> Vehicle Accident (MVA) | <input type="checkbox"/> Traction Therapy |
| <input type="checkbox"/> Work Accident (WSIB) | <input type="checkbox"/> Computerized Adjustment |
| <input type="checkbox"/> Other | |

PRODUCTS

- | | |
|--|--|
| <input type="checkbox"/> Custom-made Orthotics | <input type="checkbox"/> Orthopaedic / Modified Footwear |
| <input type="checkbox"/> Compression Stockings / Socks | <input type="checkbox"/> Custom-made Brace |
| <input type="checkbox"/> 20-30 mmHg | <input type="checkbox"/> Knee |
| <input type="checkbox"/> 30-40 mmHg | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> 40+ mmHg | <input type="checkbox"/> Off-the-shelf Brace (specify) |
| <input type="checkbox"/> Orthopaedic Pillow | <input type="checkbox"/> Type _____ |
| <input type="checkbox"/> T.E.N.S. | <input type="checkbox"/> Posture Corrector |
| <input type="checkbox"/> Back Support | <input type="checkbox"/> Other Product: _____ |

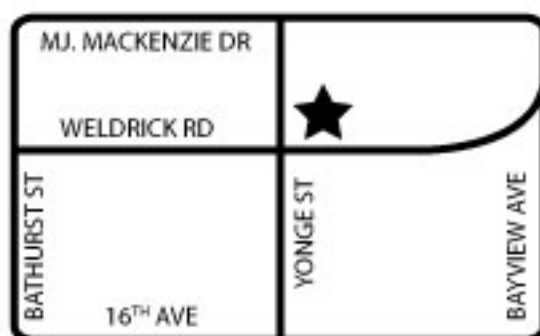
INSTRUCTIONS

- Progress Report Requested
 Urgent Appointment Requested
 Contraindications _____
 Other: _____

Diagnosis _____

Physician's Name _____

Signature _____



Physician, please
imprint your stamp here

Date _____