



BAYLY PHYSIO & REHAB

1410 Bayly Street, Unit 5A
Pickering ON L1W 3R3

T: 905-492-1520
F: 905-492-1522
www.baylyphysiorehab.ca

Date: _____ Sex: ☐ M ☐ F

Patient Name: _____

Patient Contact Number: (Home) _____

(Mobile) _____ (Work) _____

Referral Information:

☐ MVA ☐ EHC ☐ WSIB ☐ PRIVATE ☐ SENIOR

Diagnosis: _____

Clinical information: _____

Precautions/Contraindications: _____

Referral For:

- | | | | |
|---|--|--|--|
| ☐ Physiotherapy Rehabilitation | ☐ Chiropractic Treatment | ☐ Compression Stockings | ☐ Chiropody (Foot Specialist) |
| ☐ Pelvic Floor Physiotherapy | ☐ Vestibular Physiotherapy | ☐ 20-30 mm Mg | ☐ TENS Unit |
| | | ☐ 30-40 mm Mg | |
| ☐ Massage Therapy | ☐ Orthotics/ Orthopedic Shoes | ☐ Home Assessment | ☐ Acupuncture |
| ☐ Braces/ Splints ➡ | ☐ Knee | ☐ Wrist | ☐ Lumbar |
| | ☐ Ankle | ☐ Elbow | ☐ Other |

Referred By:

Name of Referring Doctor: _____

Doctor's Signature: _____

Telephone: _____

STAMP

WE ACCEPT ALL INSURANCE PLANS.