

DATE:

Bloor Dufferin Rehabilitation Centre

1011 Dufferin St, Suite 207-208, Toronto, ON M6H 4B5 At Dufferin subway station (Medical Building) Tel: 416-535-3335 | Fax: 416-535-3339



Active Therapy Works

2374 Eglinton Ave East, Scarborough, ON M1K 2P4 West of Kennedy on Eglinton (North Side) Tel: 416-751-2504 | Fax: 416-751-0932

PATIENT REFERRAL FORM

Please email this form to **bloordufferinrehab@gmail.com** or **activetherapyworks@gmail.com** and give a copy to the patient. Our representative from the Toronto Physio's head office will contact the patient to book an appointment at our clinic as per the patient's convenience and availability.

PATIENT NAME:		
DOB:	PHONE:	
ALTERNATE PHONE:	EMAIL:	
ADDRESS:	CITY:	
REFERRING DOCTOR:		
OFFICE PHONE:	FAX:	
FAMILY DOCTOR:	FAMILY DOCTOR PHONE:	
Physiotherapy Cupping Chiropractic Laser Therapy Massage Therapy Shockwave Therapy Acupuncture Orthotics	Spinal Decompression Therapy Pulse Radio Frequency Treatment Motor Vehicle Accident Rehab Workplace Injury Rehab	Concussion Rehab Exercise Rehab Chronic Pain Program Psychology/Counselling
DIAGNOSIS:		
Patient consent obtained to send emergency depa	artment medical record copy.	WSIB EHC