Referral Form

Naturally Balanced ~ Therapy ~

Referred by:

Practitioner Name: _____
Fax number: _____

*Report will be faxed unless otherwise specified

Patient Information:

Name: _____
Phone: _____

Referral For:

- ☐ Menopause Consultation (MSCP)
- ☐ Pelvic Health Physiotherapy (PT)
- ☐ Hypermobility/EDS PT
- ☐ Breastfeeding & Infant PT
- ☐ Orthopedic/General PT
- ☐ Chiropractic
- ☐ Acupuncture
- ☐ Massage Therapy
- ☐ Laser Therapy
- ☐ Naturopath
- ☐ Unsure/Other: _____

Note:

Option 1: Fax referral to 403-277-2335 and we will contact patient to book

Option 2: Provide referral directly to patient and invite them to book online

Book Here:

Questions? Reach out or visit us at **NaturallyBalancedTherapy.ca**

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