

# Referral Form



## Referred by:

Practitioner: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\*Report will be faxed unless otherwise specified

## Patient Information:

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

## Referral For:

- Menopause Consultation (MSCP)
- Pelvic Health Physiotherapy
- Hypermobility/EDS Physiotherapy
- Breastfeeding & Infant Physiotherapy
- Orthopedic/General Physiotherapy
- Chiropractic

- Acupuncture
- Massage Therapy
- Laser Therapy
- Naturopath
- Unsure/Other: \_\_\_\_\_
- Referred to: \_\_\_\_\_

## Note:

Questions? Reach out or visit us at [NaturallyBalancedTherapy.ca](http://NaturallyBalancedTherapy.ca)

Book Here:



- 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