INSTITUTE FOR SPORTS PHYSIOTHERAPY
AND PERFORMANCE

2-1624 Howard Ave | Windsor, ON N8X 3T7
(519) 258-4777 | sportsphysio.ca

For expedited referral, please fax this form and relevant imaging to (519) 258-3777.

CLIENT INFORMATION

Patient Name: _____

Phone: _____ Date of Birth: _____

DIAGNOSIS

Relevant Imaging Attached: ☐ X-ray ☐ Ultrasound ☐ MRI ☐ CT Scan ☐ Bone Scan ☐ Other

RECOMMENDATION / CLINICAL NOTES

REQUESTED SERVICES

☐ Sports Physiotherapy ☐ Massage Therapy ☐ Strength and Conditioning

☐ Physiotherapy ☐ Sports Dietician ☐ Shockwave Therapy

☐ Concussion Management ☐ Return to Sport Management ☐ Bracing

☐ Other: _____

REFERRING PHYSICIAN

Physician Name: _____

Physician Number: _____

Physician Signature: _____ Date: _____