INREACH
ONLINE PHYSIO SERVICES
E inreachphysio@gmail.com
www.inreachphysio.ca

Telehealth Physiotherapy Referral Form

Patient Stamp

Patient Name: _____

Phone: _____

Email: _____

DOB: _____

Assessment and treatment for:

- ☐ Acute/Chronic MSK Injury (incl. pre/post-op)
- ☐ Neuro Rehab
- ☐ Concussion Rehab
- ☐ Cancer Rehab
- ☐ Exercise Consulting (injury/illness prevention)
- ☐ Chronic Pain
- ☐ Cardiorespiratory Rehab
- ☐ Pelvic Health
- ☐ Healthy Aging (OA)
- ☐ Pediatrics

Diagnosis: _____

_____

Complications/Comments: _____

_____

_____

_____

_____

Referring Professional: _____

Date: _____

Please fax referral and supporting chart notes to 778-508-7042

If patient is comfortable, they can proceed to book online at www.inreachphysio.ca
Otherwise, InReach Online Physio will contact patient by telephone once referral is received