



# Maya Physio & Health Inc.

2-10066 Bayview Ave., Richmond Hill, ON L4C 0W5  
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## REFERRAL FORM

Please fax this form to 905-770-9295.

### CLIENT'S INFORMATION

Mr.	Mrs.	Ms.
Last Name:		First Name:
Home phone:		Cell phone:
Diagnosis/Contra-Indication/Comment:		
Client is:	Motor Vehicle Accident	Work Related Injury (WSIB)
Has Extended Health Coverage		

### TREATMENTS REQUIRED

Physiotherapy Treatment Neuro-Rehab (Stroke, Parkinson, MS, etc.) Vestibular Rehab. Lymphedema Treatment Custom-made Orthotics Orthopedic Shoes Compression Stockings <input type="checkbox"/> Shockwave Therapy	Chiropractic Treatment Acupuncture Treatment Massage Therapy Occupational Therapy (ADP Authorizer) In-Home Rehab Services <input type="checkbox"/> Custom-made Brace/Splint (Back & Knee Brace)
Comments: _____ _____	

### PHYSICIAN INFORMATION

Referring Physician:	
Phone Number:	Date:
Signature/Stamp:	

Thank you for the referrals.  
 To make your appointment please call at 905-770-9292

