38 Smith Street West
Yorkton, SK. S3N 3X5

Phone: 306.783.1019 Fax: 306.783.1401
www.proactive-physio.ca
admin@proactive-physio.ca

Abiodun Adefolarin BScPT, MScMT, MClSc
MMACP, FCAMPT

REFERRAL FORM

Last Name:	First Name:
Date of Birth:	Health Service Number:
Address:	Phone Numbers (H):
Email Address:	(W):
	(C):

REASON FOR REFERRAL

☐ Jaw Pain and TMJ	☐ Muscle Strain	☐ Neck or Back issue
☐ Headaches	☐ Whiplash	☐ Sports injury
☐ Concussion	☐ Lower Extremity	☐ Frozen shoulder
☐ Work Injury Rehab	☐ Upper Extremity	☐ Pre/post rehab
☐ MVA Rehab	☐ Arthritis	

PERTINENT MEDICAL/
SURGICAL HISTORY:

ADDITIONAL COMMENTS:

REFERRING HEALTH PRACTITIONER NAME/SIGNATURE: