



TCM Rehab Clinic

4430 Bathurst St. Suite 511, Toronto On M3H 3S3

Tel: (416)398-9525, Fax: (416)398-9526

info@tcmrehab.com, www.tcmrehab.com

Chinese Medicine, Acupuncture and Massage Therapy Referral

Referral Date _____

Patient Name _____ Phone _____

Referral Dr. _____ Phone _____

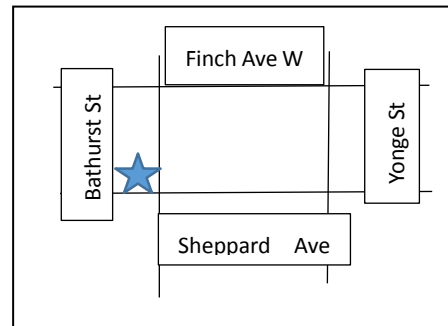
Reason for referral:

- | | |
|---|--|
| <input type="checkbox"/> Body Pain, specify _____ | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Sciatic |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Carpal Tunnel Syndrome |
| <input type="checkbox"/> TMJ | <input type="checkbox"/> Toothache |
| <input type="checkbox"/> Chronic Tiredness | <input type="checkbox"/> Bell's Palsy |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Degenerative Disease prevention |
| <input type="checkbox"/> Tendonitis | <input type="checkbox"/> Others _____ |

Doctor comment

Referral Dr. Address

Dr. Signature



- Check if more referral pads are needed