Referral form

lifemark

Patient's name: _____ Patient's phone number: _____

Diagnosis: _____ ○ Please contact patient directly

Relevant history/investigations/precautions _____

_____

_____

_____

Referred for:

- ☐ Physiotherapy
- ☐ Massage therapy
- ☐ Occupational therapy
- ☐ Kinesiology
- ☐ Acupuncture
- ☐ Sports / athletic therapy
- ☐ MicroPoint Stimulation (Chronic Pain)
- ☐ Upper Extremity Splinting
- ☐ Speech Language Pathology
- ☐ Concussion Care
- ☐ Cancer rehab
- ☐ Pelvic health for men
- ☐ Pelvic health for women
- ☐ Dizziness & balance (vestibular)
- ☐ Sports medicine
- ☐ Motor vehicle accidents (MVA)
- ☐ Workplace injuries
- ☐ Other (pediatric, geriatric): _____

Referred by: _____ Date: _____

Location/contact: indicate your contact info below or to the right

Your info:

Lifemark
206-555 Somerset St.
Saint John NB E2K 4X2
tel: 506-847-0677/652-4711
fax: 506-847-0577/652-4867

Occupational Therapy, Speech Therapy or Physiotherapy pediatric assessment and treatment of children also available.

Occupational Therapy, Speech Therapy or Physiotherapy focused geriatric assessment and treatment of seniors also available.

All services available in Saint John

Moncton and Fredericton offer MOBILE Occupational Therapy only
Toll-free: 877-784-5353

www.totalability.ca
www.lifemark.ca
www.lifemark.ca/Total-Ability
www.lifemark.ca/Saint-John
totalability@lifemark.ca