



# SOUTHERN ONTARIO MEDICAL REHABILITATION & AQUATIC CENTRE

Name ..... Date .....

Telephone .....

Diagnosis .....

Type of Patient:  Private  M.V.A.  W.S.I.B.

Referred:

- |   |  |
|---|--|
| <input type="checkbox"/> Physiotherapy                | <input type="checkbox"/> Acupuncture       |
| <input type="checkbox"/> Aquatic Therapy (Warm Water) | <input type="checkbox"/> Chiropractic Care |
| <input type="checkbox"/> Massage Therapy              | <input type="checkbox"/> Orthotics         |
| <input type="checkbox"/> Knee Brace/Custom Brace      | <input type="checkbox"/> Compression Socks |

Precautions: .....

Next Review Date: .....

Referring Practitioner: ..... M.D.

*(Please Print Name Of Doctor)*

1131 Invicta Drive Unit 2  
Oakville, ON, L6H 4M1

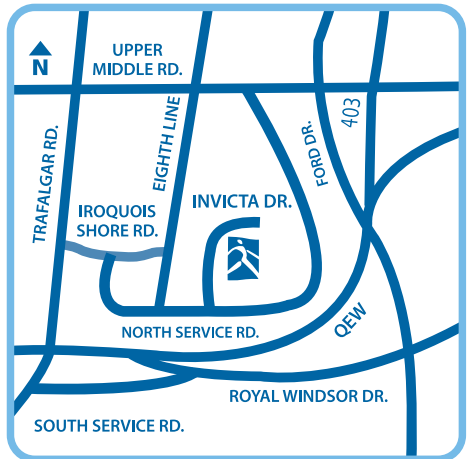
Phone: (905) 337-7342

Fax: (905) 338-2467

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