thewellness Institute

Health and Wellness Referral

Patient Name: _____

Address: _____

Phone: _____ Cell: _____

Diagnosis: _____

Primary Care Provider Name: _____

Signature: _____

What is the Goal?

Comments:

- ☐ Manage a Medical Condition
  - ○ Physiotherapy/Chiropractic/Injury Rehabilitation
  - ○ Nutrition Counseling
  - ○ Foot Care Clinic
  - ○ Get Better Together (Manitoba-wide)
  - ○ Other:_____
  - ● For Cardiac or Pulmonary Rehabilitation or Diabetes Wellness Program, please use existing Referral Forms
- ☐ Improve Strength and Fitness
- ☐ Healthy Weight Loss
- ☐ Healthy Eating
- ☐ Stress Management
- ☐ Quit Smoking

Fax referrals to 204.633.3753

info@wellnessinstitute.ca
1075 Leila Avenue Winnipeg, MB R2P 2W7
P. 204.632.3910 F. 204.633.3753