

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
 - Joint Replacement Rehabilitation Program
 - Get Better Together (Manitoba-wide)
 - Other: _____
 - For Cardiac or Pulmonary Rehabilitation or Diabetes Wellness Program, please use existing Referral Forms
- Spine Program
- Cognitive Behaviour Therapy
- Foot Care Clinic
- Improve Strength and Fitness
- Healthy Weight Loss
- Healthy Eating
- Stress Management

Fax referrals to 204.633.3753