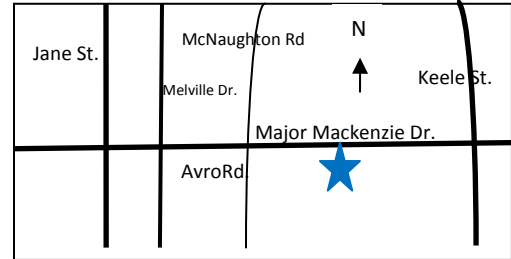


Referral Form



SPINEgroup
Clinical Care - Research - Consulting

Dr. Connie D'Astolfo, DC, *Clinical Director*
2563 Major Mackenzie Dr., Unit 10
Vaughan, Ontario, L6A 2E8
Tel: **905-553-SPINE (7746)** Fax: 905-553-7745
www.spinegroup.ca



Patient Name: _____

D.O.B: _____

DDX or Diagnosis _____

- WSIB Motor Vehicle Accident Extended Health Insurance Personal Injury

Clinical Services

Interdisciplinary Programs:

- Spine Care Program
- Return to Work Rehabilitation Program
- Sensory Motor Rehabilitation Program
- Chronic Pain Management Program
- Senior Spine Care or Restoration Program

Spinegroup Xpress™ Service

- Spinal Manipulation
- Spinal Decompression
- Foot, Ankle and Hand Clinic
- Shoulder and Knee Clinic
- Rehab and Physiotherapy
- Massage/Athletic Therapy

Relevant Medical History: _____

Referring Physician: _____ Tel: _____

Physician Signature: _____ Date: _____

Physician Stamp