CHARLTON PHYSIO AND WELLNESS

Patient:

Name: _____

Address: _____

Phone: _____ Date: _____

Services:

- Physiotherapy
- Chiropractic
- Massage Therapy
- Shockwave Therapy
- Laser Therapy
- Spinal Decompression
- Acupuncture
- Post Op Rehab
- Sports Injuries
- Vestibular Rehab (Vertigo)
- MVA and WSIB

Diagnosis and Aims of Treatment:

_____ _____

PHYSICIAN'S NAME **PHYSICIAN'S SIGNATURE**

230 James Street South, 3rd floor, Hamilton, ON L8P 3B3

Phone: (905) 528-5271 | info@charltonphysiotherapy.com