VOR Vestibular & Orthopaedic Rehabilitation

55 Erb Street East, Unit 303, Waterloo ON N2J 4K8
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Patient Name: ______________________________

Phone: ______________________________

Please assess and treat this patient for:

- ○ Vertigo/Dizziness
- ○ BPPV
- ○ Balance Problems
- ○ Falls
- ○ Post Concussion Management
- ○ Other

- ○ Jaw Pain
- ○ Clicking
- ○ Locking
- ○ Facial Pain
- ○ Headaches
- ○ Other

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Referring Health Care Practitioner:

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Date: ____________________