



VOR **vestibular & Orthopaedic Rehabilitation**

550 Parkside Drive, Unit A8, Waterloo ON N2L 5V4
Ph: 519-208-0150 | Fx: 226-647-1905

Patient Name: _____

Phone: _____

Please assess and treat this patient for:

- | | |
|--|--|
| <input type="radio"/> Vertigo/Dizziness | <input type="radio"/> Facial Pain/Headaches |
| <input type="radio"/> Imbalance/Falls | <input type="radio"/> Post Concussion Management |
| <input type="radio"/> BPPV | <input type="radio"/> Other |
| <input type="radio"/> Jaw Pain/TMJ Dysfunction | |

This patient would benefit from:

- | | |
|---------------------------------------|--|
| <input type="radio"/> Physiotherapy | <input type="radio"/> Acupuncture |
| <input type="radio"/> Massage Therapy | <input type="radio"/> Occupational Therapy |
| <input type="radio"/> Chiropractor | <input type="radio"/> ADP Assessment |

Additional details:

Referring Health Care Practitioner:

Billing No _____

Date: _____