



APOLLO PHYSIOTHERAPY & REHABILITATION

Where Mobility Matters

100 Highland Rd W, Unit #2, Kitchener, ON N2M 3B5

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PATIENT INFORMATION

Patient Name

Date of Birth

Gender

Phone

Email

Address

SYMPTOMS / PRESENTING COMPLAINTS

- | | |
|--|---|
| ☐ Neck Pain | ☐ Rotator Cuff Injury |
| ☐ Back Pain | ☐ Carpal Tunnel Syndrome |
| ☐ Sciatica | ☐ Arthritis |
| ☐ Shoulder Pain | ☐ Scoliosis |
| ☐ Elbow Pain | ☐ Balance Problems |
| ☐ Wrist / Hand Pain | ☐ Dizziness / Vertigo |
| ☐ Hip Pain | ☐ Concussion |
| ☐ Knee Pain | ☐ Neurological Condition |
| ☐ Ankle / Foot Pain | ☐ Post Surgical Condition |
| ☐ Muscle Pain | ☐ Workplace Injury (WSIB) |
| ☐ Sports Injury | ☐ Motor Vehicle Accident (MVA) |
| ☐ Tendinitis | ☐ Other |

TREATMENT REQUESTED

- | | | |
|--|---|----------------------------------|
| ☐ Physiotherapy | ☐ Vestibular Rehabilitation | |
| ☐ Neurological Rehabilitation | ☐ Post Surgical Rehabilitation | |
| ☐ Concussion Rehabilitation | ☐ Acupuncture / Dry Needling | |
| ☐ Custom Orthotics | ☐ Postural / Mobility Assessment | |
| ☐ Bracing | ☐ Other | |
| ☐ Compression Stockings | | |
| ☐ 10 mmHg | ☐ 20 mmHg | ☐ 30 mmHg |

PHYSICIAN DIAGNOSIS

Diagnosis 1

Diagnosis 2

Other

PHYSICIAN COMMENTS / SPECIAL INSTRUCTIONS

Referring Physician Name

Date

CLINIC STAMP