



Patient Name _____

- Chiropractic 整脊 Active Rehab. 復健運動 R.M.T. 註冊按摩
 Physiotherapy 物理治療 T.C.M/Acupuncture 中醫針灸

Diagnosis/Comments

Referring Professional

Name _____ **Signature** _____ **Date** _____



Patient Name _____

- Clinical Counselling 心理諮詢

Diagnosis/Comments

Referring Professional

Name _____ **Signature** _____ **Date** _____

Vancouver West
#204-2786 W. 16th Ave,
Vancouver, BC V6K
3C4

Vancouver East
7667 Nanaimo Street,
Vancouver, BC V5P
4M6

Richmond
#118-5811 No. 3 Rd.,
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4L7