



**REGENERATIVE HEALTH**  
Sports Medicine & Rehabilitation Inc.

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Oakville, Ontario, L6H 0G5  
hello@regenerativesportsmed.ca  
www.regenerativesportsmed.ca

 905-822-4426  
 905-822-7523

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**Patient Name** **DOB (mm/dd/yyyy)** **Health Card Number**

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**Address** **Primary Phone #**

**Reason for Referral** (include mechanism of injury, date of onset/injury)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sports Medicine Consultation  | <input type="checkbox"/> Concussion Management       | <input type="checkbox"/> Hydrodilatation       |
| <input type="checkbox"/> Physiotherapy                 | <input type="checkbox"/> Barbotage                   | <input type="checkbox"/> nSTRIDE®              |
| <input type="checkbox"/> Sport Specialist Chiropractic | <input type="checkbox"/> Fenestration                | <input type="checkbox"/> Platelet Rich Plasma  |
| <input type="checkbox"/> Acupuncture                   | <input type="checkbox"/> Hyaluronic Acid             | <input type="checkbox"/> Shockwave Therapy     |
| <input type="checkbox"/> Custom Bracing/Orthotics      | <input type="checkbox"/> Ultrasound-Guided Cortisone | <input type="checkbox"/> Trigger Point Therapy |

Details:

**Investigation Results**

**Treatments/Therapies to Date**

**Medical History**

**Previous Surgeries to Date:**

**Current or Known Medical Conditions:**

**Current or Known List of Medications:**

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**Referring Physician/Practitioner and Billing #** **Signature**

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**Address** **Telephone** **Fax**