ALBERTA
NEUROLOGIC CENTRE
Excellence in Neurologic Care for Albertans

ALBERTA NEUROLOGIC CENTRE
Suite 300, 1608 17th Avenue SW, Calgary, Alberta, T2T 0E3
Phone: 587-747-5615 Fax: 587-747-5616
Website: www.ancentre.ca

PHYSIOTHERAPY REFERRAL FORM

Veronique St-Georges
Vestibular Physiotherapist
BSc. (Hons) PT

Name: _____ Date of Birth_____ ULI: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

REFERRAL INFORMATION

Prior Neurologic and/or ENT Assessments

☐ **Yes** ☐ **No**

Prior Neurologist or Otolaryngologist:

_____

Referring Physician

NAME: _____

PRAC ID:_____

Phone: _____

Fax: _____

Physician to Receive Copies

_____

_____

WCB Number_____

CLINICAL QUESTION

☐ Dizziness ☐ Vertigo ☐ Imbalance ☐ Migraine ☐ Nausea and/or vomiting ☐ Blurred vision

☐ Hearing loss and/or tinnitus and/or fullness ☐ Other _____

Relevant History and Examination: (include any relevant investigations, imaging studies, consults)

Referring Physician Signature:_____ **Date:** _____

*Please fax completed referral to ANC at **587-747-5616***