REFERRAL CARD

CANYON LAKE
CHIROPRACTIC AND PHYSICAL THERAPY

BETTER STRONGER FASTER

Patient's Name _____

D.O.B. _____ Home Phone _____ Cell Phone _____

Diagnosis _____

Date of Injury/Surgery _____

Precautions/
Special Instructions

SERVICE PRESCRIBED

- ☐ Active Release Technique
- ☐ Graston Technique
- ☐ Fascial Strech Therapy
- ☐ Whiplash Treatment
- ☐ Medical Massage
- ☐ Chiropractic Adjustment
- ☐ Traction
- ☐ Light Force Laser Therapy
- ☐ Physical Therapy
- ☐ Dry Needling
- ☐ Performace Training

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