



865 Seymour Street, Kamloops, BC, V2C 2H6 Phone: 250-372-8856 Fax: 888-681-5963  
www.kamloopsactivehealth.ca

## REFERRAL FORM

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_

RECOMMENDATION: (check as many as required)

- Chiropractic care
- Active Release Technique®
- Registered Massage Therapy
- Rehabilitation Program
- Ergonomic Assessment

NOTES: \_\_\_\_\_

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\_\_\_\_\_

Referring Health Care Provider: \_\_\_\_\_

*Thank you for your referral.*  
*Dr. Sarah Brise, DC, BSc*                      *Dr. Laura McCall, DC, BSc*