



香港運動復康物理治療中心
Sports Rehab Physiotherapy (HK) Centre

By Appointment
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敬請預約

Physiotherapy Referral Form 物理治療轉介信

Date: _____

Name: _____

Sex: _____ Age: _____

Diagnosis: _____

Specific Treatment

- Pain Management
消痛治療
- Orthopaedics Rehabilitation
肌肉及骨骼復康
- Sports Injury Rehabilitation
運動創傷復康
- Work Injury Rehabilitation
工傷意外復康服務
- Neurological Rehabilitation
神經科復康
- Exercise Therapy
運動療法
- Acupuncture
針灸
- Sports Function Enhancement
運動體能提升

Protocol:

Clinical Findings: _____

Remarks: _____

Doctor's Signature & Chop: _____