

By Appointment Tel. 2525 9770 info@sportsrehab.hk 敬請預約

Physiotherapy Referral Form

物理治療轉介信

	Name:		
	Sex:	Age:	
Specific Treatment	Diagnosis:		
□ Pain Management 消痛治療			
□ Orthopaedics Rehabilitation 肌肉及骨骼復康			
□ Sports Injury Rehabilitation 運動創傷復康	Clinical Findings:		
□ 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	Remarks:		
☐ Sports Function Enhancement 運動體能提升			
Protocol:			
	Doctor's Signat	ure & Chon·	

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