

## Patient Referral Form

### For Doctors

Refer patients easily. Complete attached form and send:

Via email [info@chivacare.com](mailto:info@chivacare.com)

Via LINE



### Program for Doctors

ChivaCare is developing a community and network of partnerships with physicians in fields related to medical services we provide. Please see professional segment of our website for information, insight, and research articles of interest.

### For Patients

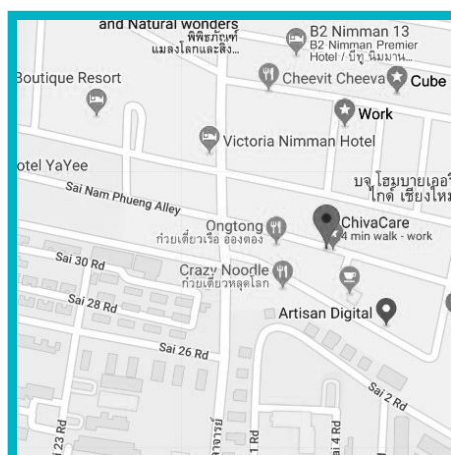
Please bring a copy to ChivaCare. If you request an appointment online, indicate you have been referred to us by a doctor and doctor's recommendations. The polyclinic is open 9:00 am - 8:00 pm Monday to Friday, and 9:00 am - 5:00 pm Saturday and Sunday (closed public holidays).

### About ChivaCare

ChivaCare provides integrated professional medical services together with a range of emerging evidence based therapies, including creative activities and life coaching. Select holistic therapies may contribute to recovery and well being. Our medical center builds on the success of the highly regarded Brain Clinic, now in ChivaCare.

### Location

Sirimangalajan Soi 11  
near Maharah hospital



## Patient Referral Form

Date (D/M/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_

### Identification Data

Patient Name \_\_\_\_\_ Physician Name \_\_\_\_\_

Age \_\_\_\_\_ Physician Contact Number \_\_\_\_\_

Patient's Phone \_\_\_\_\_

Diagnosis \_\_\_\_\_

### Therapy Mode

- Evaluation and treatment
- Therapeutic exercise (active, passive, PRE)
- Therapeutic / functional activities (ADL)
- Balance, postural and gait training / fall prevention
- Manual therapy (joint and soft tissue mobilisation)
- Modalities for symptom relief (electrical stimuli, ultrasound)
- Thermal modalities
- Traction (lumbar, cervical)

### Program

#### Musculoskeletal

- Carpal tunnel syndrome
- Osteoarthritis (knee, cervical)
- Osteoporosis
- Myofascial pain / office syndrome
- Low back pain / neck pain
- Post-surgical rehabilitation
- Neuro-Rehabilitation
- Cognitive training (dementia, cognitive deficit)
- Stroke Recovery (paresis, aphasia, swallowing training, cognitive dysfunction)
- Parkinson's disease recovery (gait training, PD exercise, swallowing)
- Vestibular rehabilitation

### Frequency and Duration

Frequency \_\_\_\_\_ times per week for \_\_\_\_\_ weeks. I hereby certify these service as medically necessary for the patient's plan of care:

Physician's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_