



# Appointment Request Form

Tel/Fax: (416) 945-2348  
ellesmere@vitalshealth.ca  
www.vitalshealth.ca

## Patient Information

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender ☐ Male ☐ Female ☐ Other  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

## Type of Appointment

☐ Physiotherapy ☐ Acupuncture  
☐ Chiropractic ☐ Reflexology  
☐ Massage Therapy ☐ Other: \_\_\_\_\_

## Reason for Appointment

## Referring Physician

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender ☐ Male ☐ Female ☐ Other  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

## Office Use Only

Appointment Date \_\_\_\_\_ Appointment Time \_\_\_\_\_  
Provider: \_\_\_\_\_  
Confirmation ☐ Yes ☐ No

**Please note:** We do not accept OHIP-covered clients. Clients must have private insurance coverage or be prepared to pay out of pocket.

