



## Patient Referral Form

1 St. Clair Ave East, suite 1001  
Toronto, ON - M4T 2V7  
Phone: 416-972-6279  
cffhp.com / thejawcentre.com

**Patient Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email (with consent):** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Primary Complaint:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Patient's Preferred Contact:**  Phone  Email

### CHIROPRACTOR

- Any Practitioner
- Dr. Sidney Lisser
- Dr. Merrill Ong
- Dr. Sam Yaghmour
- Dr. Brett Guist
- Dr. Brittany Kucharski
- Dr. Amelia Edmonds
- Dr. Alexandra Earle

### PHYSIOTHERAPIST

- Any Practitioner
- Colby Bucci
  
- NATUROPATH
- Any Practitioner
- Dr. Sandy Huynh

### REG. MASSAGE THERAPIST

- Any Practitioner
- Cathy Donkersley
- Josh Bromley
- Tu Anh Luong
- Henry Xu
- Haiyan Li