



ADULT SEATING CLINIC REFERRAL
FAX TO: 905.688.3230
EMAIL TO: npo@niagarapo.ca

A Division of Niagara Prosthetics & Orthotics Corp.

CLIENT INFORMATION

Female

Male

Name

DOB (MM/DD/YYYY)

Street

City/Town

Postal Code

Health Card Number

Telephone Number

Diagnosis: _____

Current Equipment: Not Applicable

Current Concerns:

Pain/Comfort

Skin Condition

Posture/Sitting Support

Condition of Device

Mobility

Other: _____

REFERRAL SOURCE

Referring Practitioner

Organization

Referring Practitioner's Signature

Telephone Number

Referral Date (MM/DD/YYYY)

Fax Number

Please forward any pertinent reports

547 Glenridge Avenue St. Catharines, ON L2T 4C2 Telephone:(905) 905.346.2275