



Dedicated to working with our clients to achieve functional goals through an individualized approach.

Referral Form

Services Requested: *Please check ✓*

- Occupational Therapy
- Case Management/ Coordination
- Kinesiology/Exercise Therapy
- Ergonomic Assessment
- Speech-Language Therapy
- Home Support Services
- Return to Work Services
- Other _____

For more information please visit our website or email us:

www.meridianrehab.ca

info@meridianrehab.ca

Toll Free 1-888-542-3089

Date: _____

Referred by: _____

Contact N^o of referring source: _____

Claim N^o (if applicable): _____

Client Name: _____

Client Address: _____

Client Telephone: _____

Client Email: _____

Client DOB: _____

Relevant Information including conditions/ injuries, date of injury and purpose of referral:

Kelowna

#305 – 1500 Hardy Street
Kelowna, BC
V1Y 8H2

TEL 250 868 3086
FAX 250 868 3087

Vernon

3007 28th Avenue
Vernon, BC
V1T 5H5

TEL 250 542 3089
FAX 250 542 3087

Kamloops

#103 – 1315 Summit Drive
Kamloops, BC
V2C 5R9

TEL 250 314 0097
FAX 250 314-0852