



WWW.OAKMEDICALARTS.COM

Name: _____ Date: _____

DOB: _____ Phone: _____

Health Card: _____

 **MEDICAL**
walk-in clinic, consult clinic, family clinic
open to the public

 **MASSAGE**
treatment-based massage, injury treatment
stress relief, deep tissue

 **PHARMACY**
prescriptions, education, clinical, vitamins,
medication reviews, smoking cessation, INR

 **FOOTCARE**
treatment of foot conditions, nail care
diabetes footcare, prevention, compression

 **CHIROPRACTIC**
adjustments, soft tissue, alignment
custom orthotics, acupuncture

 **PHYSIOTHERAPY**
rehabilitation, injury treatment, soft tissue,
exercise medicine, acupuncture, osteopathy

 **MENTAL HEALTH**
stress, anxiety, depression, grief, trauma
individual, couples or family counselling

 **KINESIOLOGY**
exercise prescription, injury prevention,
fitness, movement, health promotion

 **NUTRITION**
optifast weight management program

 **ADDICTION MED**
substitution therapy, harm reduction, naloxone

REFERRAL DETAILS:

Signature: _____ Licence: _____

PHONE: (807) 344-4078 FAX: (807) 344-4090