

# Client Referral Form



At This Is Healthful we provide a team of registered healthcare providers whom are active, honest, and are empowering. Our team is committed to providing healthful education, coaching, programming, and services to our personal and corporate clients to enhance their physical, dietary, and mental wellbeing based on our Four Pillars of Health: Physical Activity, Essential Eating, Healthy Habits, and Mental Hygiene.

Referrals for our Personal Health membership and health centre services can benefit healthy individuals looking to maintain or improve upon areas of their health, as well as those with acute and chronic health concerns looking for individualized assessment, treatment, and ongoing support.

We accept self-referrals and referrals from healthcare providers and community partners. Extended health benefits direct billing is available.

We are licensed to provide comprehensive treatment plans for **WSIB & Motor Vehicle Accident** claims, **Blue Cross** Registered, a **Heart Wise Exercise** designated facility and all our health providers have completed the University of Ottawa Heart Institute Heart Wise Exercise designation, and we're an accredited **Weight Loss Grant** provider.

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Reason for Referral (please select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Personal Health Membership        | <input type="checkbox"/> Physiotherapy                    |
| <input type="checkbox"/> PLUS Membership                   | <input type="checkbox"/> Massage Therapy                  |
| <input type="checkbox"/> Online Personal Health Membership | <input type="checkbox"/> Nutrition Counselling            |
| <input type="checkbox"/> Weight Loss Grant                 | <input type="checkbox"/> Occupational Therapy             |
| <input type="checkbox"/> Other: _____                      | <input type="checkbox"/> Psychotherapy / Counselling      |
| _____  | <input type="checkbox"/> Kinesiology                      |
| _____  | <input type="checkbox"/> Exercise Assessment and Services |
|  | <input type="checkbox"/> Case Management                  |
|  | <input type="checkbox"/> BrainFx Assessment               |
|  | <input type="checkbox"/> Metabolic Testing                |
|  | <input type="checkbox"/> Heart Wise Program               |

Referring Professional: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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