



C.A.R.E. Institute

Centres for Active Rehabilitation Excellence

Patient Name: _____

Diagnosis: _____



☐ Physiotherapy

☐ Brace (specify type) _____

☐ Chiropractic

☐ Other _____

☐ Massage Therapy

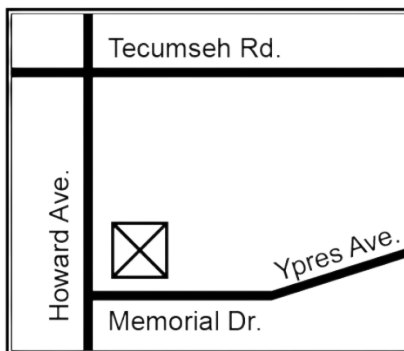
Signature: _____

Printed Name: _____

CPSO#: _____ Date: _____

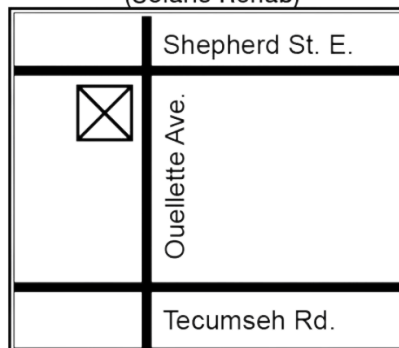
office stamp if available

CENTRAL WINDSOR



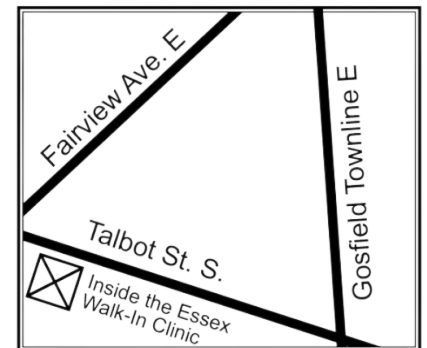
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Windsor, ON
Phone: (519) 253-9971
Fax: (519) 962-5975

DOWNTOWN WINDSOR (Solaris Rehab)



1505 Ouellette Ave.
Windsor, ON
Phone: (519) 254-8188
Fax: (519) 254-8185

TOWN OF ESSEX



186 Talbot St. South
Essex, ON
Phone: (519) 776-6343
Fax: (519) 776-7406

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