Computerized Vestibular Retraining Therapy (CVRT) Clinic

DIRECT ACCESS VESTIBULAR RETRAINING THERAPY REFERRAL FORM

Re:
PHN:
CELL/LANDLINE PHONE:
EMAIL:
This patient has been diagnosed with vestibular dysfunction which would benefit fror vestibular retraining therapy.
□ Unilateral Vestibular Deficit
□ Concussion/MTBI
☐ Central Vestibulopathy (e.g: ischemic, cerebellar, major TBI, demyelination)
□ Presbyvestibulopathy
MD Signature
PLEASE FAX OR EMAIL THIS FORM TO:
FAX: 604.985.0501

EMAIL: cvrtclinic@shaw.ca

TEL: 604.988.0598 EXT 9