



Date:

Patient Name:

Diagnosis:

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**Kinesiology**

Kinesiology Assessment  
Active Rehabilitation  
Myofascial/Stretch Therapy  
General Physical Conditioning  
Athletic Recovery  
Medical Weight Loss

**Services**

Athletic Therapy  
Clinical Pilates  
Therapeutic Yoga  
Registered Massage Therapy  
Registered Dietician

**Comments / Requests:**

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Referring  
Practitioner:

Authorized  
Signature:

Fax:

Phone:

**Kelowna Kinesiology by Orthoquest**  
1021 Richter Street  
Kelowna, BC V1Y 2K4  
T: 250-448-5908 F: 778-484-5908 [www.kelownakinesiology.com](http://www.kelownakinesiology.com)



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**What to bring to your first appointment:**

- Method of payment
  - Clean running shoes
  - Active clothing (shorts, tank top, t-shirt)
  - Please arrive 10 minutes early to complete intake paperwork
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**- Free street parking available in front of building -**

