Cayman Physiotherapy Ltd.

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Registered Physiotherapists
Lindsay Bridgeman *BSc, MCSP, CPAM*
Angela Deeney *BSc, MCSP, CPAM*
Charlotte Healy *BSc, MCSP, MAACP, CPAM*
Dwain McGuinness *BSc, HPC, MISCP, CPAM*
Guy Waller *BSc, MCSP, CPAM*
Janelle Henry Undheim *BSc, MCSP, CPAM*
Nicola McCabe *BSc, MICSP, CPAM*
Sara Windsor *BSc, PT, CPAM*

Registered Acupuncturist
Rémy Fleury *L.Ac, AAC, CPAM*

Registered Chiropractor
Darlene Buan-Basit *B.A. Sc. Hon., D.C, CPAM*

Registered Occupational Therapist
Elizabeth 'Lizzie' Knight *BSc (Hons), CPAM*

Registered Nutritionist
Elena 'Ellie' Saunders *MSc, RNutr, BDA/SENr, CPAM*

Registered Physiotherapist, Pilates Instructor & Massage Therapist
Courtnee Springfield *PT, DPT, CPAM*

☐ **PHYSIOTHERAPY** ☐ **ACUPUNCTURE** ☐ **OCCUPATIONAL** ☐ **CHIROPRACTIC** ☐ **NUTRITION**

Name _____First, Last_____ DOB DD / MM / YYYY Gender ☐ M ☐ F

Mobile _____ Email_____

Insurance company _____ Member ID/certificate no. _____

Diagnosis (ICD 10): _____

Therapy: ☐ Specific treatment requested ☐ Therapist's discretion

Frequency of treatment: ☐ Daily ☐ 1x week ☐ 2x week ☐ 3x week

Duration of treatment: ☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ 1 month ☐ 1month+

Additional information _____

_____

_____

Doctor's name & signature _____ Date DD / MM / YYYY