Cayman Physiotherapy Ltd.
West Shore Center, 508 West Bay Road.
World Gym, Queens Court, 1 Snooze Lane.
P.O. Box 31014, Grand Cayman, KY1-1205
Phone: (345) 949-8828
Email: caymanphysio@gmail.com
www.caymanphysio.com

WOMEN'S HEALTH REFERRAL FORM

Registered Physiotherapists
Lindsay Bridgeman *BSc, MCSP, CPAM*
Nicola McCabe *BSc, MICSP, CPAM*

Breast Cancer Rehab Physiotherapist
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 Nutritionist
Elena 'Ellie' Saunders *MSc, RNutr, BDA/SENr, CPAM*

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

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

Name _____ First, Last _____ DOB _____ DD / MM / YYYY _____

Mobile _____ Email_____

Insurance company _____ Member ID/certificate no. _____

Diagnosis (ICD 10): _____

☐ Pelvic floor assessment & treatment ☐ Post-natal physiotherapy check-up

☐ Pregnancy related musculoskeletal pain ☐ Pelvic pain management

☐ Other Women's health issue(s) _____

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 / YYYYY _____