

David Gilks, MES, PFT
Unit C-2 6439 Portsmouth Road
Nanaimo, BC V9V 1R6
250-390-3160

DAVID GILKS

CORE ESSENTIALS

David Gilks, MES, PFT
Unit C-2 6439 Portsmouth Road
Nanaimo, BC V9V 1R6
250-390-3160

DAVID GILKS

CORE ESSENTIALS

Name _____
Condition _____

Name _____
Condition _____

**Post-Rehab Functional
Conditioning Services Requested**

- FITSCREEN Assessment/Reassessment
- Cardiovascular Training
- Strength Training
- Hypertension Exercise
- Spinal Stabilization
- Back/Neck Exercise
- Flexibility Training
- Weight Reduction
- Diabetes Exercise
- Functional Training
- Aquatic Exercise

**Post-Rehab Functional
Conditioning Services Requested**

- FITSCREEN Assessment/Reassessment
- Cardiovascular Training
- Strength Training
- Hypertension Exercise
- Spinal Stabilization
- Back/Neck Exercise
- Flexibility Training
- Weight Reduction
- Diabetes Exercise
- Functional Training
- Aquatic Exercise

Duration _____ Frequency _____

Duration _____ Frequency _____

Remarks _____

Remarks _____

Referral Signature

Date

PERC PROVIDER NO. 8DG06-97



Referral Signature

Date

PERC PROVIDER NO. 8DG06-97



David Gilks, MES, PFT
Unit C-2 6439 Portsmouth Road
Nanaimo, BC V9V 1R6
250-390-3160

DAVID GILKS

CORE ESSENTIALS

David Gilks, MES, PFT
Unit C-2 6439 Portsmouth Road
Nanaimo, BC V9V 1R6
250-390-3160

DAVID GILKS

CORE ESSENTIALS

Name _____
Condition _____

Name _____
Condition _____

**Post-Rehab Functional
Conditioning Services Requested**

- FITSCREEN Assessment/Reassessment
- Cardiovascular Training
- Strength Training
- Hypertension Exercise
- Spinal Stabilization
- Back/Neck Exercise
- Flexibility Training
- Weight Reduction
- Diabetes Exercise
- Functional Training
- Aquatic Exercise

**Post-Rehab Functional
Conditioning Services Requested**

- FITSCREEN Assessment/Reassessment
- Cardiovascular Training
- Strength Training
- Hypertension Exercise
- Spinal Stabilization
- Back/Neck Exercise
- Flexibility Training
- Weight Reduction
- Diabetes Exercise
- Functional Training
- Aquatic Exercise

Duration _____ Frequency _____

Duration _____ Frequency _____

Remarks _____

Remarks _____

Referral Signature

Date

PERC PROVIDER NO. 8DG06-97



Referral Signature

Date

PERC PROVIDER NO. 8DG06-97

