

# Head shape asymmetry assessment and health practitioner referral form

The head shape assessment is a complimentary service that can be tailored to your practice and patient's needs. We can provide a 3D scan of the head shape to accurately assess the severity and advise on treatment options should they be required.

Refer to:

New Westminster  
The Pediatric HeadShape Clinic  
#801-625 Fifth Ave,  
New Westminster, BC V3M 1X4  
Fx: +1-604.608.3991

Edmonton  
The Pediatric HeadShape Clinic  
#400 – 9945 50 St.  
Edmonton, AB T6A 0L4  
Fx: +1-604.608.3991

Calgary  
The Pediatric HeadShape Clinic  
#329-10601 Southport Rd. SW.  
Calgary, AB T2W 3M6  
Fx: +1-604.608.3991

+1-844.944.3237  
info@synergyortho.ca  
pediatricheadshape.com  
@pediatricheadshape

Burlington  
The Pediatric HeadShape Clinic  
3155 Harvester Road, Unit #315  
Burlington, ON, L7N 3V2  
Fx: +1-604.608.3991

Childs Details:

Surname	Given Name	
Date of Birth	Due Date	
Gender		
Address		
Phone numbers	Home	Cell

Risk Factors for Head Shape Asymmetry:

- Torticollis     Multiple Pregnancy     First Born Rank     Positional Sleep Preference  
 Delayed Motor Development     Tummy Time <3x/day     Intrauterine constraint     Other

Please list and date any related investigations performed:

Investigations included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Referrer Details:

Name	
Title	
Organization	
Email	Phone/Fax

Referrer Signature \_\_\_\_\_

- Proceed with cranial remodeling orthosis, as required  
 Please call my office prior to initiation of cranial remodeling orthosis treatment