

NAME _____

DOB _____

PREFERRED PHONE _____

HCN _____

REFERRAL TO:

Sport Medicine Physicians

- DR. ANDREA MOLDES
- DR. MARNIE LAVIGNE
- DR. RICHARD GOUDIE
- FIRST AVAILABLE

Allied Health Practitioners

- PHYSIOTHERAPY
- MASSAGE THERAPY
- CHIROPRACTIC

REASON FOR REFERRAL:

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hip | <input type="checkbox"/> Acute Sport Concussion <6 weeks |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Knee | <input type="checkbox"/> Exercise Prescription |
| <input type="checkbox"/> Wrist/Hand | <input type="checkbox"/> Ankle/Foot | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Back | |

BRIEF HISTORY AND CLINICAL QUESTION:

Please send any relevant investigations, clinic notes, and past medical history.
If this consult is considered urgent, please call our office directly.

NOTE: ALL PHYSICIANS HAVE FOCUSED PRACTICE DESIGNATION AND WILL NOT NEGATE PHYSICIAN ACCESS BONUS.

Referring Provider Name

Signature

OHIP Number

Date