MICHAEL GARRON HOSPITAL
TORONTO EAST HEALTH NETWORK

Proud member of
East Toronto Health Partners

INFECTIOUS DISEASE CLINIC REFERRAL FORM

TEL: 416-469-6252
FAX: 416-469-6253
Date:

☐ **Routine** ☐ **Urgent**

Patient ID Label

Patient Last Name:	Given Name:	☐ M ☐ F	Date of Birth: (DD / MMM / YYYY)
Address:	Apt#:		Telephone Number – Primary Number: ( )
Town or City:	Province:	Postal Code:	Telephone Number – Alternate Number: ( )
Contact Person (Caregiver/Parent/Guardian):	Relationship To Patient:		Telephone Number - Contact Person: ( )

Family Physician:	**Ontario Health Card Number:** Version Code	**Email Address For Virtual Consult:**

Height (cm):	Weight (kgs):	Allergies: ☐No ☐Yes ☐Unknown

Required Questions:

PRIVACY: If we call the patient, can we leave a voice message? ☐No ☐Yes
WSIB: Is this treatment due to a work related injury? ☐No ☐Yes
American Sign Language interpreter required? ☐No ☐Yes
Language interpreter required? - specify: ☐No ☐Yes

Referred To:

☐ **First Available Appointment**

Has the patient has seen an MGH Infectious Disease Physician previously?

☐ No ☐ Yes If Yes, Physician Name:_____

Referral Date:

Reason For Referral:

IMPORTANT!

Please send all pertinent lab reports & diagnostic test reports.

If you have scheduled any diagnostic tests, please record the date of the appointment.

Reasons for referral:

- ☐ Diabetic foot or SSTI
- ☐ HBV
- ☐ HCV
- ☐ HIV
- ☐ PUO
- ☐ Other: _____
- ☐ Latent TB
- ☐ Active TB
- ☐ PJI/ Osteomyelitis/ Abscess/ Empyema
- ☐ UTI
- ☐ C. Diff Infection

Note: We do not see patients for Lyme Disease without an Ontario Public Health Laboratory Positive Test

Investigations To Date:
☐ Ultrasound ☐ Lab Tests ☐ Pathology Reports ☐ Procedures Notes ☐ Consultation Notes
☐ Other Tests:

Past Medical History:

Date Last Seen by an MGH Infectious Disease Physician:

Medications	Name	Dose	Frequency

Referring Physician:

Physician Name:	Physician email:
Telephone Number: ( )	Fax Number: ( )
Physician's Signature:	Billing#:

MGH Appointment Information:

Ocean by CognisantMD
Ontario eServices Program

We now accept Ocean eReferrals for various clinics. The best way to find Specialist and refer your patients. For more information and to sign-up for your Ocean user account, contact Ontario eHealth at **eReferral@ehealthce.ca**