

MEDICAL TRIAGE CLINIC REFERRAL FORM

TEL: 416-469-6580 ext. 6252

FAX: 416-469-6580

Date: Routine Urgent

Patient ID Label

Patient Last Name:		Given Name:		<input type="checkbox"/> M <input type="checkbox"/> 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: <small>Version Code</small>		Email Address For Virtual Consult:	

Height (cm):	Weight (kgs):	Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
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Required Questions:	PRIVACY: If we call the patient, can we leave a voice message? <input type="checkbox"/> No <input type="checkbox"/> Yes
	WSIB: Is this treatment due to a work related injury? <input type="checkbox"/> No <input type="checkbox"/> Yes
	American Sign Language interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Language interpreter required? - specify: <input type="checkbox"/> No <input type="checkbox"/> Yes

Referred To:	<input type="checkbox"/> First Available Appointment (within 14 days)	Referral Date:
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Reason For Referral: IMPORTANT! Please send all pertinent lab reports & diagnostic test reports. If you have scheduled any diagnostic test, please record the date of the appointment.	<u>Reasons for referral:</u>			
	Investigations To Date: <input type="checkbox"/> Ultrasound <input type="checkbox"/> Lab Tests <input type="checkbox"/> Pathology Reports <input type="checkbox"/> Procedures Notes <input type="checkbox"/> Consultation Notes <input type="checkbox"/> Other Tests:			
	Past Medical History:			
	Medications	Name	Dose	Frequency

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



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

MGH Appointment Information:	
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