

**MEDICAL TRIAGE CLINIC REFERRAL  
FORM TEL: 416-469-6580 ext. 6252  
FAX: 416-469-6253**

Date:  Routine  Urgent

Patient ID Label
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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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<b>Required Questions:</b>	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

<b>Referred To:</b>	<input type="checkbox"/> <b>First Available Appointment</b> (within 14 days)	<b>Referral Date:</b>
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<b>Reason For Referral:</b>  <b>IMPORTANT!</b> 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:		
	<b>Medications</b>	<b>Name</b>	<b>Dose</b>

<b>Referring Physician:</b>	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](mailto:eReferral@ehealthce.ca)

<b>MGH Appointment Information:</b>	
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