ACTIVE MEDICINE TORONTO

# Referral Request

| Referral Date: | |
|---|---|

135 Yorkville Avenue, 2nd Floor, Toronto, Ontario, M5R 3N5
**Tel:** (437) 781-0611 **Email:** frontdesk@activemedicinetoronto.com
**Fax: (437) 781-0586**

**PATIENT INFORMATION:** **FHO or FHN Rostered Y☐ N☐**

| | |
|---|---|
| **Name:** | **DOB:** |
| **Health Card #:** | **Version Code:** |
| **Tel:** | **Email:** |

**REASON FOR REFERRAL:** (enter brief description)

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**SERVICE(S) REQUESTED:**

**Orthopaedic/General Surgery Consultation**

☐1st available orthopaedic surgeon ☐Dr. John Theodoropoulos ☐Dr. Justin Chang
☐Dr. Isaac Ryan Perlus ☐Dr. Oren Zarnett ☐Dr. James Campbell
☐Dr. James Villamere (General Surgery)

**Sports Medicine Consultation**

☐1st available ☐Dr. Nathaniel Ibey ☐Dr. Jim Niu
☐Dr. Rosamond Lougheed-Simpson ☐Dr. Shane Mooney

**Joint Injections**

☐Corticosteroid ☐Hyaluronic Acid ☐PRP/Biologics

**Allied Health**

☐Physiotherapy ☐Athletic Therapy ☐Chiropractic Care/Soft Tissue
☐Registered Dietitian

**Diagnostic**

☐Biodex ☐DXA Body Composition ☐Gait Analysis

**MSK Bracing**

☐Custom Knee Brace ☐Pre-Fabricated Brace ☐Compression Sleeves/Stockings

**REFERRING PHYSICIAN INFORMATION:**

| | |
|---|---|
| **Name:** | **MOH Billing #:** |
| **Tel:** | **Fax:** |
| **Address:** | **Speciality:** |

**REFERRAL DOCUMENTATION INCLUDED:**

*X-Ray with Report **REQUIRED** for **Orthopaedic Surgery Consultation** (completed within past 12 Months)*
*MRI with Report **REQUIRED** for **consultation with Dr. Theodoropoulos** (completed within past 12 Months)*
*MRI with Report **PREFERRED** for General Surgery Consultation*
*X-Ray with Report **PREFERRED** for Sports Medicine Consultation*

☐Referral Letter ☐Recent Consult Note (re: event/patient history)
☐Xray ☐MRI ☐U/S ☐CT Scan

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**REFERRING PHYSICIAN SIGNATURE** **DATE**