



ACTIVE MEDICINE TORONTO

### Referral Request

Referral Date: \_\_\_\_\_

135 Yorkville Avenue, 2<sup>nd</sup> Floor, Toronto, Ontario, M5R 3N5  
Tel: (437) 781-0611 Email: [frontdesk@activemedicinetoronto.com](mailto: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)

\_\_\_\_\_  
\_\_\_\_\_

**SERVICE(S) REQUESTED:**

**Orthopaedic Surgery Consultation**

- 1<sup>st</sup> available orthopaedic surgeon
- Dr. John Theodoropoulos
- Dr. Justin Chang
- Dr. Isaac Ryan Perlus
- Dr. Oren Zarnett
- Dr. James Campbell

**Sports Medicine Consultation**

- 1<sup>st</sup> 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)*  
*X-Ray with Report **PREFERRED** for Sports Medicine Consultation*

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

\_\_\_\_\_  
REFERRING PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE