



MEDICAL URGENT CARE CLINIC REFERRAL

Patient Referral Form

Telephone: 905-883-1212 Ext. 2064 Fax: 905-883-0772

The Medical Urgent Care Clinic provides consultation and short term follow up for stabilization. Upon receipt of your completed referral, our team will review and determine how to best serve your patient. Once the referral has been triaged, the Patient scheduling office will contact the patient directly to schedule the appointment.

We are not able to accept referrals for assessments/treatment where concerns are related to the following:

- Abdominal pain with normal imaging
- Chronic Pain
- Chronic diseases for which patient already has a specialist following
- Chronic fatigue and fibromyalgia
- Dementia
- Migraines/Headaches
- Musculoskeletal Injuries
- Needlestick Injury
- Osteoarthritis and non-inflammatory back and joint pains
- Post-surgical issues (drains, incisions)
- Long COVID
- Wounds and foot ulcers

Patient Information		
Last Name:		First Name:
Address:		
City:	Province:	Postal Code:
Home Number:	Business Number:	Other:
Email Address:	Date of Birth:	dd/mm/yyyy
Health Card Number:		Version Code:
Referring Physician Information		
Referring Physician:		Referring Billing Number:
Address:		
City:	Province:	Postal Code:
Office Number:	Fax Number:	
Reason for Internal Medicine Referral: (please include relevant laboratory and diagnostic results)		
INCOMPLETE REFERRALS WILL NOT BE ACCEPTED		

