Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street, Richmond Hill ON L4C 4Z3
905-883-1212

Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3
905-417-2000

CLINICAL ASSESSMENT CENTRE (formerly COVID-19 Assessment)

Patient Referral Form

Telephone: 905-883-2004, press 1 (Urgent Appointments) **Fax:** 905-883-2456

Patient Information

Last Name:	First Name:	
Address:		
City:	Province:	Postal Code:
Home Number:	Business Number:	Other:
Email Address:	Date of Birth: (dd/mm/yyyy)	
**Clinic will not accept patient under 12 years of age and those greater than 20 weeks of pregnancy		
Health Card Number:	Version Code:	

Referring Information

Referring:	Referral Billing Number (if applicable)	
Referring Physician Signature:	Address:	
City:	Province:	Postal Code:
Office Number:	Fax Number:	

Referral Information

Reason for Referral/Worsening Symptoms (please check all that apply):

- ☐ Ongoing fever/chills <5 days
- ☐ Cough or sore throat
- ☐ Extreme tiredness
- ☐ Headache
- ☐ Decrease or loss of taste or smell
- ☐ Muscle aches/joint pain
- ☐ Runny or stuffy/congested nose
- ☐ Other Symptoms:____

EXCLUSION CRITERIA:

1. Under 12 years of age.
2. Pregnant women greater than 20 weeks gestation.
3. Other: shortness of breath, chest pain, persistent vomiting/diarrhea for >24 hours, confusion, change in consciousness.

Appointment Information

- **Mackenzie Health will call your patient with a date and time of appointment.**
- **Please inform your patient that <u>they may not qualify</u> for a COVID-19 PCR test.**

(Rev. January 11, 2022)