

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY  
OR AFFIX LABEL WITH COMPLETE INFORMATION



**CLINICAL TELEMEDICINE CONSULT/  
REFERRAL FROM LONG TERM CARE HOME**

Please Fax to: (905) 472-7078

Referrals are subject to review.

Clinical consult/referral form must precede supporting documentation when faxing

Patient Name: _____		
Last	First	
Date of Birth: _____	Sex: F M	
Day	Month	Year
Health Card # _____	Version Code: _____	
Address: _____ Postal Code: _____		
Telephone # (Best Daytime): _____		
Alternate #: _____		
Preferred Language: _____		

Date		Contact Preference	
		<input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Substitute Decision Maker <input type="checkbox"/> Alternate	
Alternate Contact		Telephone	
<b>Referring Physician/HCP Information</b>			
Referring Physician/HCP		Referring Physician is same as:	
		<input type="checkbox"/> Consultant <input type="checkbox"/> Family Physician	
Billing #	Telephone	Fax	
Address	City	Postal Code	
Family Physician	Telephone	Fax	
Address	City	Postal Code	
<b>Appointment Information</b>			
Primary Service (Specialty)		Consultant Name	
<input type="checkbox"/> Fracture Clinic			
Telephone		Fax	
Priority of Appointment	Event Date	Event Time	Appointment Type
<input type="checkbox"/> Elective <input type="checkbox"/> Urgent/Emergent			<input type="checkbox"/> New Patient <input type="checkbox"/> Follow-up
Patient Preferred Site		Consultant Preferred Site	
<input type="checkbox"/> Markham <input type="checkbox"/> Uxbridge <input type="checkbox"/> LTCH (specify): _____		OTN site# _____ OTN system: _____	
<input type="checkbox"/> Other OTN site# _____ OTN system: _____		TMC: _____	
TMC: _____			
<b>Reason for Referral and Appointment Details</b>			
(If consultant is identified, please attach relevant reports including current list of medications.)			
<b>Special Requirements for the Patient and Appointment (Patient mobility, oxygen requirements, etc.)</b>			
Signature of Referring Physician/HCP			Date

