Bridgepoint Active Healthcare
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Toronto, ON M4M 2B5
416-461-8252 x2371
bridgepointhealth.ca

Sinai Health | Bridgepoint Active Healthcare

Outpatient MD Clinic Referral Form

Patient Information:

Name:_____ Address:_____

Date of birth (dd/mm/yy):_____ Health card:_____ Version Code:_____

Daytime contact number:_____ Family doctor: _____

Emergency or Contact to arrange appointment (name, phone no., relationship):

_____

Service referred for:

- ☐ Endocrinology – Dr. D. Reiss
- ☐ General Internal Medicine – Dr. D. Reiss
- ☐ Geriatric Psychiatry – Dr. Lachmann
- ☐ Physiatry – Dr. C. Fortin
  - ○ Consultation
  - ○ Consultation + EMG
- ☐ Physiatry – Dr. R. Titman
- ☐ Neuropsychiatry – Dr. O. Ghaffar

Reason for Referral:

Please attach: medical history, recent lab data/diagnostic imaging, relevant specialist consult notes, current and complete list of medications and allergies.

Please ask your patients to bring their medications with them to their first appointment.

Referring Physician information

Name: _____ **Physician Billing #** _____

Address: _____

Telephone: _____ **FAX:** _____

Physician signature: _____ **Date:** _____

Please fax referral form to 416-461-2089

We will contact the patient directly for an appointment.