

SPORTMED

50 College Drive North Bay, ON P1B 5A4

CLINIC

Phone: 705.495.8105 Fax: 705-495-8101

A Division of Martel & Mitchell Physiotherapy

REFERRAL FORM

Patient Information:

Name: _____ Date of Birth: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Best contact Phone/Cell#: _____

Reason for Referral:

Mechanism of Injury: _____

Is this Injury: Acute Flare-up of pre-existing condition Chronic

What Sport/Activity is the patient involved in? _____

Referring Physician/Provider Information:

Name: _____ OHIP Billing # _____

Address: _____ Office Phone #: _____

Office Fax #: _____ Date: _____

Please advise patient to bring shorts and a T-shirt/Tank-Top

Parking available in front of out-patient physiotherapy clinic

Please fax referral to 705.495.8101