

Referral

The Sports Clinic at Winston Park
Winston Park Medical Centre
2315 Bristol Circle
Oakville, ON, L6H 6P8
Tel: 905.829.2827
Fax: 905.829.2831

The Sports Clinic at U of T Miss.
Recreation, Athletic and Wellness Ctr.
3359 Mississauga Rd North,
Mississauga, ON, L5L 1C6
Tel: 905.820.9292
Fax: 905.820.9250

Please print legibly or place a label here

Patient's last name:	Patient's first name:	DOB (DD/MM/YY): Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Health Card Number: Version code:	Phone numbers: Home: Business: Mobile:	Address:

Please Check if Applicable:

- | | | |
|---|---|---|
| <input type="checkbox"/> Sports Medicine Consultation | <input type="checkbox"/> Physio / Athletic Therapy | <input type="checkbox"/> Motor Vehicle Accident |
| <input type="checkbox"/> Chiropractic / ART Therapy | <input type="checkbox"/> Viscosupplementation / PRP | <input type="checkbox"/> Concussion (UTM Only) |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Orthotics / Bracing | <input type="checkbox"/> Osteopathy |

Area of Concern	
Working Diagnosis/ Medical History	
Relevant Imaging/ Reports	<p><i>* If applicable, please fax the relevant reports along with this referral *</i></p> <p><input type="checkbox"/> X-ray <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> Bone Scan</p> <p>Other:</p>

Referring Physician's Information:

Physician's Name & Billing number (print/stamp):	Signature:
	Date: