JOSEPH BRANT HOSPITAL

1245 Lakeshore Road
Burlington, ON L7S 0A2

New Patient Referral Form
Ambulatory Care

Telephone: 905.336.4110
Fax: 905.681.4879

Medical Record #: ______________________

Patient Name: ______________________

Address: ______________________
DOB: __________ Age: ______ ☐ Female ☐ Male
OHIP #: __________ __________ Version Code ______
Phone#: ______________ Cell: ______________

Patient Email Address: ______________________

TO REQUEST AN APPOINTMENT: Please fax the completed referral and all pertinent clinical information.
Please notify your patient of appointment date, arrival time and instructions.

PATIENT LOCATION	CONSIDERATIONS
☐ Home ☐ Hospital ☐ Nursing Home	**ARO: ☐ VRE ☐ MRSA ☐ Other: __________**
☐ Other: ______________	☐ Language ☐ Interpreter required ☐ Physical limitations
Preferred contact: ______________	☐ Other: ______________

REFERRAL INFORMATION

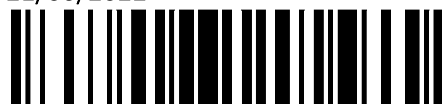
Reason for Referral: **Is this referral Urgent**? ☐ No ☐ Yes If Yes: ☐ 24 hr ☐ 48 hr ☐ 72 hr ☐ 1 wk Reason for Urgency:	**Clinic Requested**: ☐ Dental ☐ Fracture ☐ GIMRAC ☐ Heart Function ☐ Pacemaker ☐ Stroke Prevention ☐ Thrombosis ☐ Vascular ☐ Infectious Disease Speech-Language Pathology: ☐ Communication ☐ Swallowing **Prior Hospital admission** (past two years?) ☐ No ☐ Yes (If yes provide details) ☐ Surgical Procedure/Date: ______________
Relevant Clinical Information: ☐ Patient History & Consult notes ☐ Lab (pending ☐ No ☐ Yes) ☐ Operative Reports ☐ Other: ______________	**Any previous diagnostics:** ☐ No ☐ Yes If so please indicate where and include report: ☐ CT ☐ MRI ☐ X-ray ☐ US ☐ Angiogram ☐ ECG ☐ Other ______________ ☐ Have further tests been ordered? If so: ______________

REFERRING PHYSICIAN INFORMATION

Referring Physician Name: (Please print)	**Referring Physician Billing Number:**
Referring Physician Signature:	**Referring Physician fax:** **Date:**

OFFICE USE ONLY
Appointment Date (d/m/y): ______________ Time: __________ Clinic: ______________
Notification (d/m/y): __________ ☐ Referring Office ☐ Patient ☐ Other: ________ Initials: __________

21/06/2022



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