

West5 - Oxford & Riverbend (Fax: 519-432-9529)

Today's Date: _____	Referring Physician: _____
Patient's Name: _____ M / F / U	Ref. Physician Billing #: _____
Healthcard Number: _____ DOB: _____	Ref. Physician Signature: _____
Address: _____	Clinic Address: _____
City: _____ Postal Code: _____	Phone: _____
Home Phone: _____ Cell Phone: _____	Fax: _____
Email: _____	

Reason for referral (required):

☐ URGENT

☐ ROUTINE

DR. ROBERT BROWN MEMORIAL CARDIAC DIAGNOSTIC CENTRE

- ☐ Echocardiogram ☐ With Contrast
- ☐ Murmurs
- ☐ Valvular disorder
- ☐ Chest pain and/or CAD
- ☐ Congestive Heart Failure
- ☐ Hypertension
- ☐ Palpitations/Arrhythmias
- ☐ Other: _____
- ☐ 24hr Ambulatory BP Monitor (\$80)
- ☐ Holter Monitor
 - ☐ 24-72hr Holter Monitor
 - ☐ 7 day Holter Monitor
 - ☐ 14 Day Holter Monitor
- ☐ 12-Lead Electrocardiogram (ECG)

MSK CLINIC

- ☐ Knee, Hip or Shoulder pain
- ☐ Back/Neck Pain (Injury Only - no chronic pain)
- ☐ PRP, Nstride, Hyaluronic Acid injections (FEE)
- ☐ Cortisone Injection
- ☐ Physiotherapy, Orthotics, Custom Bracing

WELLNESS

- ☐ Executive Health Medicals (FEE)
- ☐ Registered Dietician
- ☐ Custom Orthotics/Footcare/Stockings

GYNECOLOGY

- ☐ Consultation

GENERAL SURGERY

- ☐ Hernia or Gallbladder
- ☐ Pilonidal Sinus
- ☐ Breast Lump - Benign or Malignant
- ☐ Thyroid nodule or thyroglossal duct cyst
- ☐ Colon cancer
- ☐ Fistula in ano, fissures, hemorrhoidectomy
- ☐ Oral or parotid lesion

PLASTIC SURGERY

- ☐ Biopsy Clinic (size, location, diff dx. Req)
- ☐ Biopsy Confirmed Skin Cancer
- ☐ Cosmetic Skin Surgery - skin tag, cyst removal, sebaceous keratosis (FEE)

PEDIATRICS 1866 Oxford St W, London, ON

- ☐ Urgent Pediatric Consultation (no mental health)
- ☐ Well Baby Checks

UROLOGY

- ☐ Consultation

GASTROENTEROLOGY

- ☐ Consultation

PDT (PHOTODYNAMIC THERAPY) - FEE

- ☐ Actinic damage or superficial skin cancer

FITNESS PERFORMANCE TESTING

- ☐ BodPod
- ☐ Fit3D
- ☐ RMR (Resting Metabolic Rate)
- ☐ VO2 Max Testing

North London - 1055 Fanshawe Park Rd W (Fax: 519-473-2666)

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Reason for referral (required):

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☐ URGENT

☐ ROUTINE

NEUROLOGY (Dr. Alexander Melinyshyn)

Thank you for considering a referral to our service. This clinic provides general neurology consultations in the community with a specific focus on headache diagnosis and management. We do not accept referrals for pediatric patients younger than 18 years. Due to our focus on headache management, we may not be able to accomodate all requests for general neurology referral. Please see below for consultation requirements.

What to Include with Your Referral:

- ☐ History of problem onset, character, and duration
- ☐ Copies of most recent clinical note and any other relevant notes (including other specialists)
- ☐ Relevant blood work and investigations to date
- ☐ Past medical history (including blood pressure/cardiovascular history)
- ☐ Current list of medications
- ☐ Detailed list of headache medications tried in the past (including durations)

NEUROLOGY (Dr. Anita Dayal)

- ☐ General Neurology (Epilepsy, Parkinson's, Headache)

INTERNAL MEDICINE, LIFESTYLE MEDICINE (Dr. Ian Kerr)

- ☐ Consultation

Internal Medicine (Dr. Noreen Dean)

- ☐ Pre-Operative Assessments
- ☐ Osteoporosis
- ☐ Diabetes Control
- ☐ Hypertension Control