



ALLIED HEALTH PROFESSIONAL SPORTS MEDICINE REQUEST

10 Howland Dr. Unit #1, Huntsville, Ontario P1H 1M3 | 705.789.7600 | PLEASE FAX TO 705.789.1509

**** Patients will be charged a fee of \$150 for initial or \$75 for follow ups if they cancel within 48 hours or do not show.**

Patients will not be seen until fees are paid.

Patient Name:	Phone Number:
Health Card #:	Date of Birth (mm/dd/yyyy):

*****WSIB, MVA, & LITIGATION REFERRALS WILL NOT BE ACCEPTED*****

Allied Health Professionals Name:

Urgency **Requested Consultant**

- Routine Non-urgent
- As soon as possible
- Urgent (<2 weeks)

- Dr. Rich Trenholm

Sport Medicine Concern

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Shoulder/Rotator Cuff | <input type="checkbox"/> Elbow | <input type="checkbox"/> Wrist/Hand |
| <input type="checkbox"/> Knee | <input type="checkbox"/> Upper Extremity | <input type="checkbox"/> Chest | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Lower Extremity | <input type="checkbox"/> Ankle/Foot | <input type="checkbox"/> Hamstring |
| <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> Neck/Cervical Spine | <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> Other: _____ |

Affected Side Right Left Bilateral

Brief History & Summary of Physical Findings :

Signature of Allied Health Professional: _____

Please send all relevant imaging and clinical notes and records pertaining to this referral. Include bilateral standing x-rays of the knees for osteoarthritis prior to the appointment to improve efficiency of care.

TO THE REFERRING PHYSICIAN: _____			
<input type="checkbox"/> Accept Request: please sign below and fill out your information, then fax to 705-789-1509			
<input type="checkbox"/> Deny Request: please have your office staff contact the patient for an appointment to review their case			
Name (please print)	Signature	OHIP Billing No.	Date