

Sports Medicine Clinic Referral Form



AFFIX PATIENT LABEL

EMERGENCY DEPARTMENT REFERRAL FOR CONSULTATION TO SPORTS MEDICINE

<input type="checkbox"/> Acute Injury <input type="checkbox"/> Sports Injury <input type="checkbox"/> WSIB <small>(not WSM/GRSM)</small> <input type="checkbox"/> Chronic Joint Pain				
<input type="checkbox"/> Sports Medicine <input type="checkbox"/> Chiropractic <small>(not WSM)</small> <input type="checkbox"/> Sports Concussion <small>(not MSK Centre; peds consider GRSM)</small>				
<input type="checkbox"/> Physiotherapy <small>(not WSIB at MSK)</small> <input type="checkbox"/> Orthotics/Pedorthists <input type="checkbox"/> Non Sport Concussion <small>(MD Consult: only Armoury) (Physio consult: not MSK Centre)</small>				
<input type="checkbox"/> Massage Therapy <input type="checkbox"/> Bracing				
<input type="checkbox"/> GRSM <small>Grand River Sports Medicine Centre</small> 700 Strasburg Road Kitchener, ON N2E 2M2 https://www.grsm.ca Phone: 519-571-7111 Fax: 519-571-8145	<input type="checkbox"/> <small>Include ED Report</small> MSKcentre <small>comprehensive musculoskeletal care</small> 435 King Street N Waterloo, ON N2J 2Z5 https://www.mskcentre.ca Phone: 519-804-4086 Fax: 519-744-8718	<input type="checkbox"/> WSM <small>WATERLOO SPORTS MEDICINE CENTRE</small> 65 University Avenue E Waterloo, ON N2J 2V9 https://www.wsm.ca Phone: 519-746-2220 Fax: 519-746-2295	<input type="checkbox"/> THE ARMOURY <small>SPORTS MEDICINE AND PERFORMANCE CLINIC</small> 201-245 The Boardwalk Waterloo, ON N2T 0A6 https://thearmouryclinic.ca Phone: 226-336-8961 Fax: 519-513-0500	<input type="checkbox"/> Tri City <small>Physiotherapy & Rehab</small> 27 Water St North Cambridge, ON, N1R 3B2 https://tricityphysio.ca Phone: 519-620-2229 Fax: 519-620-2249

Signature: _____ ☐ GRH ED ☐ SMGH ED

Referring Clinician Name: _____ Billing #: _____

Please FAX all referrals for Sports Medicine Faxed At: _____ Faxed By: _____