

OAKVILLE 57 Burnhamthorpe Rd E, Oakville, ON L6H 7C8

MISSISSAUGA #115 - 405 Britannia Rd E, Mississauga, ON L4Z 3E6

1. PATIENT INFORMATION

Last name	First name	Date of birth (YYYY-MM-DD)
Phone	Email	Preferred language
Address		

2. REFERRING PROVIDER

Name	Designation (MD, NP, DC, PT, other)	Registration # (CPSO / CNO / other)
Clinic / practice	Phone	Fax
		Email

3. CLINICAL INFORMATION

Area / structure to treat (e.g. right lateral elbow, left Achilles)	Side: ☐ Left ☐ Right ☐ Both
Working diagnosis	Imaging done (US / X-ray / MRI) and findings

Previous treatments tried:

- | | | |
|--|---|--|
| ☐ Oral NSAIDs / analgesics | ☐ Physiotherapy / exercise | ☐ Corticosteroid injection |
| ☐ Hyaluronic acid injection | ☐ Shockwave therapy | ☐ Bracing / activity modification |

Other / response to previous treatments

Current medications (including anticoagulants / antiplatelets)

Relevant history, allergies or precautions

Reason for referral / goals of treatment

4. PLEASE ATTACH

- ☐ Imaging reports ☐ Relevant clinical notes ☐ Current medication list ☐ Other

5. PROVIDER SIGNATURE

Referring provider signature (type name)	Date

How to refer

Fax the form and attachments to 905.848.8252 (preferred for health information), or email Tia@MedCAiRE.ca (alternate: Filipe@MedCAiRE.ca).

We contact the patient to book an assessment and keep you updated. PRP is not covered by OHIP; patient fees from \$590.