

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

Indication: ☐ Chronic tennis elbow (lateral epicondylalgia, > 3 months) ☐ Acute ankle sprain, grade 1 ☐ Grade 2

Date of injury / symptom onset

Side: ☐ Left ☐ Right

Working diagnosis

Imaging done (US / X-ray / MRI) and findings

Previous treatments tried:

☐ Oral NSAIDs / analgesics	☐ Physiotherapy / exercise	☐ Corticosteroid injection
☐ PRP injection	☐ Shockwave therapy	☐ Bracing / activity modification

Screening: ☐ Pregnant or breastfeeding ☐ Under 18 ☐ Known allergies (list below)

Current medications (including anticoagulants / antiplatelets)	Relevant history, allergies or precautions

Reason for referral, response to previous treatments, goals

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. SportVis™ is not covered by OHIP; fees available on request.