UHN Toronto General Hospital

Hyperbaric Medicine Unit Fax-In
*Please **FAX** form and documents to **Sara Cibaj***
(416) 340-4481

Referral Form

Date of Referral: _____

Patient Information:

Last Name: _____ First Name: _____

DOB (M/D/Y): _____/_____/_____ OHIP #: _____

Sex: M / F Does patient speak English? ☐ Yes ☐ No Other (specify): _____

Phone: _____ Alternate Phone: _____

***Please notify patient that they should expect a call within 1 week; if they do not receive a call please ask them to notify your office/clinic as this means *we have no yet received the referral**

Doctor Information:

Referring Physician: _____ Billing #: _____

Phone: _____ ext. _____ Fax: _____

Family Physician: _____

Phone: _____ext. _____ Fax: _____

Surgeon: _____

Phone: _____ext. _____ Fax: _____

Reason for referral:

_____

_____

_____

_____

_____

Please check one of the following triage boxes:

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☐ **Elective** ☐ **Urgent** ☐ **Emergency (If case of emergency please call CRITICAL)**

☐ **Chronic Osteomyelitis** ☐ **Intracranial Abscess** ☐ **Chronic Wound**

☐ **Delayed Radiation Injury:**

- ☐ **Radiation Proctitis: Bleeding**
- ☐ **Hemorrhagic Cystitis**
- ☐ **Osteoradionecrosis**
- ☐ **Brain Necrosis**
- ☐ **Other** _____

Perioperative: ☐ **No** ☐ **Yes** **Date of Surgery:** _____

REMINDER: Please send the following information if available:

Reports	**Faxed**	**Pending**	**Radiology Imaging**	**Faxed**	**Pending**
Referral Letter			Chest X-Ray routine PA & Lateral		
X-Ray Reports			CT SCAN		
PFT'S			Arterial Doppler		
ECG			MRI		
ECHO					
CBC, urea, creatinine, electrolytes, Ca2					
HbAlc					
C reactive protein, ESR					
Others :					

Referring Physician Signature:

_____

Appointment Confirmation

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Referring Physician

Name: _____

Phone Number: _____

Fax Number: _____

Attending Physician

Name: _____

Phone Number: _____

Fax Number: _____

Patient Information:

Last Name: _____ First Name: _____

DOB (m/d/y) _____/_____/_____

Date of Appointment (m/d/y) _____/_____/_____

☐ Patient has been notified of appointment.