

Sports Medicine Clinic Referral Form



AFFIX PATIENT LABEL

EMERGENCY DEPARTMENT REFERRAL FOR CONSULTATION TO SPORTS MEDICINE

REFERRAL TYPE

- Acute Injury
 Sports Injury
 WSIB *(not WSM/GRSM)*
 Chronic Joint Pain

SERVICES REQUESTED

- | | | |
|--|--|---|
| <input type="checkbox"/> Sports Medicine | <input type="checkbox"/> Chiropractic <i>(not WSM)</i> | <input type="checkbox"/> Sports Concussion
<i>(not MSK Centre; peds consider GRSM)</i> |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Orthotics/Pedorthists | <input type="checkbox"/> Non Sport Concussion
<i>(MD Consult: only Armoury)</i> |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Bracing | <i>(Physio consult: not MSK Centre)</i> |

DIAGNOSIS / REASON FOR REFERRAL

REFERRAL TO *(select one for Sports Medicine)*

<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"/> include ED report MSKcentre <small>comprehensive musculoskeletal care</small> 435 King Street N Waterloo, ON N2J 2Z5 https://www.mskcentre.ca Phone: 519-603-0661 Fax: 519-603-0640	<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
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Signature: _____ GRH ED SMGH ED

Referring Clinician Name: _____ Billing #: _____

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