GRAND RIVER HOSPITAL

Phone: 519-742-3611
Fax: 519-749-4435

St. Mary's GENERAL HOSPITAL

Phone: 519-744-3311
Fax: 519-749-6411

Community Physician ED Referral Information Form

For All Patients Referred for Assessment

Please attach any pertinent results, consultations, *CPP and ECGs and fax to the appropriate hospital

Today's Date: Dec 1/17 Time: 3:47 PM

Patient Last Name: SINGH First Name: MANAV

Gender (circle): (*Male*) *Female* Age in years: 20

Referral to (circle): (*Emergency Physician*) or _____

Patient is coming by (circle): (*Private Vehicle*) *Ambulance*

Reason for Referral (please be specific):

THANK YOU FOR SEEING THIS 20 YO M
C/O CHEST PAIN INTERMITTENT x PLEURISY.
PLEASE ASSESS
THANKS

*Cumulative Patient Profile (CPP) Attached (circle): *Yes* (*No*)

Referring Physician (please print): DR. SMILJE

OHIP Billing # 291039 Contact Tel: (519) 725-1574 Fax: (519) 725-5137

For Hospital Use Only

Referral form and physician treatment record faxed to Referring Physician

*Signature*_____ *Date*_____ *Time* _____ *hrs*