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St. Catharines, ON L2M 7V3
P: 905-932-1053
F: 905-682-2581
betterdaysclinic.ca
info@betterdaysclinic.ca

PATIENT REFERRAL

FAX: 905-682-2581 EMAIL: info@betterdaysclinic.ca

Referring Physician

Full Name

OHIP Billing #

Address

Postal Code

Phone

Fax

E-mail

Patient Information

Last Name

First Name

Date of Birth (dd/mm/yyyy)

Address

Postal Code

OHIP

Version Code

Biological/Assigned Sex

Preferred Email for Communication

Phone

Reason For Referral

- ☐ Opiates
- ☐ Alcohol
- ☐ Cocaine
- ☐ Methamphetamine / Other stimulants
- ☐ Benzodiazepines
- ☐ Cannabis
- ☐ Tobacco
- ☐ Gambling
- ☐ Other

Past Medical History	**Medications**