



HIGHMARK
HEALTH

PATIENT REFERRAL FORM

HighMark Health Mississauga
374 Lakeshore Road East
Mississauga ON L5G 1H5
Tel: 905.232.7002
Fax: 905.232.7005
www.highmarkhealth.ca
info@highmarkhealth.ca

PATIENT INFORMATION

Patient First & Last Name:	
Address:	
DOB (dd/mm/yy):	Phone:
Health Card No:	Version Code:

AREAS OF CONCERN / REASON FOR REFERRAL

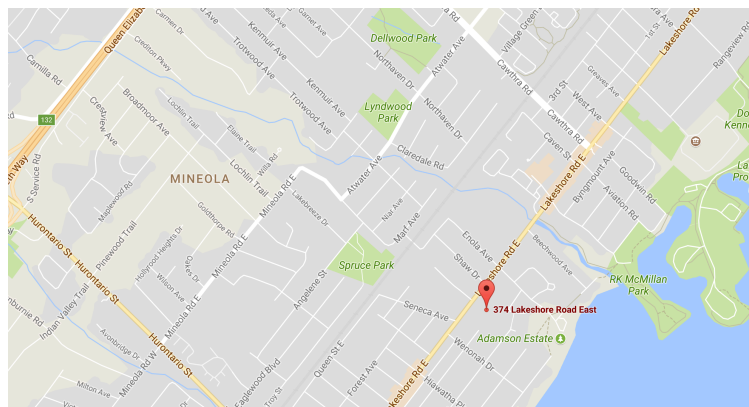
- Concussion Medicine
- Sports Medicine and Musculoskeletal Injury
(eg. athletic injury, tendinitis/tendinopathy, ligament sprains, meniscal tears, muscle strains, osteoarthritis, plantar fasciitis, joint pain NYD)
- Motor Vehicle Injury
- Fall or Other Injury
- Physiotherapy
- Massage Therapy
- Splint or Supportive Device (eg. elbow, wrist, knee, ankle, plantar fasciitis, walking boot)

Description/Additional Information:

REFERRING PHYSICIAN INFORMATION

Name:	Billing No:
Address:	Fax:
Signature:	Date:

DIRECTIONS TO OUR OFFICE / INSTRUCTIONS



We are located on the south side of Lakeshore Rd., east of Hurontario St. and west of Cawthra Rd. We are adjacent to the Guardian Pharmacy. Free parking is available at the front of the building. Please bring this form with you to your first appointment. Your appointment time is reserved especially for you. If you are unable to keep this time, please give 24-hour notice.

Please fax completed form with medical chart and/or any relevant investigations to 905.232.7005.
Referring physician please provide fax number for consult notes.
HighMark Health will contact the patient to schedule an appointment.
Thank you for your referral.