



3M Centre
Western University
London, ON N6A 3K7
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FAX: 519-661-3379

Fanshawe College
Room J1004
London, ON N5Y 5R6
Tel: 519-452-4230
FAX: 519-452-4415

Citi Plaza - Inside Goodlife
P.O. Box 9075
London, ON N6E 3P3
Tel: 519-850-5335
FAX: 519-850-7376

FOWLER KENNEDY SPORT MEDICINE CLINIC PATIENT REFERRAL FORM

Type/ Location of Referral: **Sport Medicine Physician**

- 3M Centre, Western
- Citi Plaza
- Fanshawe College

Physiotherapy

- 3M Centre, Western
- Citi Plaza
- Fanshawe College

Patient Information:

NAME: _____

Date of Birth: ____/____/____
Day Month Year

Address: _____ City/Town: _____ Province: _____

Postal code: _____ Best Contact Phone Number: _____

HC#: _____

Reason for Referral:

Mechanism of Injury: _____

Is the injury: Acute A flare-up of pre-existing condition Chronic

What Sport and/ or Activity is the patient involved in? _____

Referring Physician Please Note:

- Advise patient to bring any previous imaging and/or consultation reports relating to this injury to his/her appointment
- **We do not see WSIB, MVA patients or litigation cases**
- Are you a member of a **FHO** or **FHN**? (If yes, please circle corresponding association)
**Majority of our physicians have GP focused practice designation. If you are a rostered model practice, we'll do our best to book your patient with one of our focused practice designated physicians*

Referring Physician Name (please print): _____ **OHIP # :** _____

Signature: _____

Date: ____/____/____
Day Month Year

Office Telephone: _____

Office Fax: _____