



# Referral Form

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**Bridges Medical Clinic is an addiction treatment clinic focusing on patients who are in process of entering, or have completed an addiction treatment program.**

## PATIENT INFORMATION

|               |            |                        |                        |
|---------------|------------|------------------------|------------------------|
| First Name    | First Name | Last Name              | Last Name              |
| Date of Birth | Birthdate  | OHIP# and version code | OHIP# and Version Code |
|               |            | Sex as on OHIP card    | Sex                    |
|               |            | Gender (preferred)     | Gender                 |
| Mobile Phone  | Cell Phone | E-Mail                 | e-mail                 |

Your patient will be contacted directly using the above information. ***Please be sure to include direct and up-to-date contact information for the patient, especially mobile phone and e-mail address.***

## REFERRER INFORMATION

|               |         |                                  |                       |
|---------------|---------|----------------------------------|-----------------------|
| Referrer Name | Name    | Clinic/Institution if applicable | clinic/hospital/group |
| Address       | Address | Fax                              | Fax                   |
| Phone         | Phone   | Billing Number if applicable     | Billing Number        |
|               |         | E-Mail                           | E-Mail                |

**If patient is currently in residential treatment:**

|   |                               |
|---|-------------------------------|
| What is the expected date of discharge? | Click or tap to enter a date. |
|---|-------------------------------|

## PATIENT MEDICAL HISTORY

|   |
|---|
| <b>Primary Diagnosis/Medical and Psychiatric History</b><br>Click or tap here to enter text.  |
| <b>Medications:</b><br>Click or tap here to enter text.   |
| <b>Are there any occupational, employment, court, medical/legal, custody, or other relevant concerns? Please explain briefly.</b><br>Click or tap here to enter text. |

**Signature** Type Signature

*Type signature, enter signature image, or print and sign.*

|      |      |
|------|------|
| Date | date |
|------|------|