

**New Patient Referral Form**  
Referrals only accepted from physician by Fax

**FAX: 343-888-2626**

TEL: 613-518-4008

**Dr. Jennifer Brodeur Dr. Regine Krechowicz**  
**Dr. Tara Tucker Dr. Cindy Wang**

**Postal Codes: K1B K1G\* K1H\* K1J K1K K1L K1M K1N K1P K1R K1S K2P**

**\* North of Heron / North of Walkley**

Referring Physician	
Physician Name	
Billing Number	
Contact Name in Office	
Telephone Number	
Fax Number	
Patient Contact Information	
Patient Name	
Health Card Number	Version Code:
Telephone Number	DOB (dd/mm/yy) Gender
Address where care is to be delivered	
Postal Code	
Primary Contact / Caregiver	
Contact/Caregiver Name	
Telephone Number	
Patient Medical Information	
Main diagnosis and date of diagnosis	
Patient location	
<input type="checkbox"/> Home <input type="checkbox"/> Hospital DC Date _____	

Requirements	
DNR Completed	<input type="checkbox"/>
LHIN Palliative Coordinator Name or Phone	<input type="checkbox"/>
There is 24/7 Support in the Home	<input type="checkbox"/>
Functionality: PPS40% or Less (i.e. mainly chair / bed)	<input type="checkbox"/>
Recent Notes Sent** (Consult Notes Imaging Labs)	<input type="checkbox"/>
<b>** REFERRALS WITHOUT SUPPORTING INFORMATION WILL BE RETURNED **</b>	
Additional Info	