SOUTHERN ONTARIO
SPORTS AND EXERCISE
MEDICINE

Referral Form

Phone: 289 266 3036 info@sosaem.com
Fax: 855 953 3537 www.sosaem.com

* Please note all of our physicians have focused practice designations and will not negate family physicians *

LOCATION	CLINIC	PHYSICIAN(S)
☐ First available		
☐ Burlington	ISM Rehab 5037 Harvester Rd, Unit 506	☐ Dr.Wade Elliott ☐ Dr. Paul Echlin ☐ Dr. Alok Gupta ☐ Dr. Saif Shamshoon
	Fit for Life Physical Therapy 18 Plains Rd W, Unit 4	☐ Dr. Paul Echlin
☐ Grimsby	Physiotherapy Edge 159 Main St E, Unit 2	☐ Dr. Wade Elliott
☐ Niagara	Accelerated Health and Wellness 130 Hwy 20 E, Unit A3. Fonthill	☐ Dr. Katie Dalziel
☐ Hamilton	Niagara Orthopedic Institute 625 Greenhill Ave, Unit 3, Hamilton	☐ Dr. Katie Dalziel

Patient Information

Please attach patient CPP

Name _____ Health Card _____ Version code ____

DOB _____ (D/M/Y) Address _____

Home Phone _____ Cell Phone _____

Reason for Referral

☐ Shoulder ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Wrist / Hand ☐ R ☐ L

☐ Hip ☐ R ☐ L
☐ Knee ☐ R ☐ L
☐ Ankle ☐ R ☐ L
☐ Foot ☐ R ☐ L

☐ **Injection**:
☐ Cortisone
☐ Viscosupplementation
☐ PRP

Please see referral criteria on the next page for the following presentations:

☐ Neck ☐ Back ☐ Concussion

Brief Clinical History: _____

_____

_____

_____

Referring Physician: _____ Address : _____

Billing Number: _____ Fax: _____ Phone: _____