Leaside Village Medical Clinic Referral Form

25 Industrial Street Unit 206/208, Toronto, ON M4G 1Z2

Telephone: 416 487 2442

Fax: 416 745 1511 Email: referrals@leasidevillagemedical.ca

Leaside Village Medical Clinic

Date:	
Patient Name:	Telephone #:
Patient Address:	Health Card #:
Date of Birth:	
Referring physician:	Ref. physician fax #:
Ref. physician billing #:	Ref. physician telephone #:
Please provide relevant clinical information//question below	
Please select service/test below:	
Cardiology	Cardiac diagnostic services:
□ Consultation only	□ 12-lead ECG
□ Diagnostic test only	☐ Echocardiogram (Definity contrast available)
□ Consultation + Diagnostic test	☐ Exercise stress echocardiogram
☐ URGENT (select if needed within 14 days)	☐ Graded exercise test (GXT)
= Creati (colocti nocaca maini rraajo)	☐ Holter monitor: ☐ 24h ☐ 48h ☐ 72h ☐ 2wk
Urology	24-hour Ambulatory BP monitor (\$75)
☐ Hematuria (micro and macro)	= 24 Hour Ambulatory Br Monitor (\$70)
□ Lower urinary tract symptoms/Overactive bladder	General Internal Medicine
□ BPH	□ CV risk factors (HTN, DLP, DMII, Fam Hx)
□ Prostatitis	□ Pre-operative assessment
☐ Elevated PSA	□ Renal disease
☐ Testicular pain/scrotal swelling	☐ GI or Liver disease
☐ Sexual dysfunction/Erectile dysfunction	☐ Anemia NYD
☐ Low testosterone (***please order total	☐ In Clinic IV Iron infusion – GIM will consult on
testosterone, bioavailable testosterone)	appropriateness and dosage. (Non-OHIP
□ Spermatocele/Hydrocele/Lumps/Cysts	payment for infusion time of \$150/infusion)
□ Varicocele	payment for initiation time of \$100/initiation)
	Dermatology
	☐ Acne or Rosacea
	□ Facial Seborrheic Dermatitis
	Lesion check to rule out skin cancer
□ Peyronie's disease	☐ Benign mole check
□ Kidney stone prevention	☐ Benign Mole check ☐ Benign skin lesion removal (non-OHIP - skin
Orthopodia Surgary	tag/cyst/mole/seborrheic keratosis)
Orthopedic Surgery ***Please send imaging/CD with patient***	☐ Male pattern hair loss (PRP available) – ***Send
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☐ Hip	☐ Facial Botox/Fillers (no referral needed)
☐ Knee	□ Axillary Botox – Hyperhidrosis
☐ Shoulder ☐ Elbow	
Elbow	☐ Masseter Botox – Bruxism/teeth grinding
ENT Surgery	Oculoplastic Surgery
Referrals for dizziness/balance will not be accepted	□ Eyelid lumps/bumps/Chalazion/Ptosis
☐ General consultation (describe in clinical info)	☐ Entropion/Ectropion
□ Benign head/neck mass/cyst/lump	□ Dermatochalasis
□ Thyroid/parathyroid disorders	
□ Head and neck cancer	Foundation Physiotherapy
□ Cosmetic scar revision/skin flap/face lift consult	□ Assessment