POLYCLINIC
FAMILY AND SPECIALTY MEDICINE
2 Champagne Drive (Champagne Centre), Toronto, ON M3J 2C5
Tel: 416-222-6160 Fax: 416-222-9604
www.polyclinic.ca hr@polyclinic.ca

REFERRAL FORM

PATIENT INFORMATION

Name: _____
Tel: _____
Address: _____
_____
M D Y
DOB _____ / _____ / _____
HC# _____ VC _____
Referring Physician: _____
Provider #: _____

PLEASE CHECK ALL CONSULTATION AND/OR DIAGNOSTIC SERVICES REQUESTED

SPECIALTY DEPARTMENT UNIT B17 TEL: 416-222-6160 EXT. 268, 269, 277, 278 FAX: 416-645-1978

Allergy
- ☐ Dr. A. Briggs

Dermatology
- ☐ Dr. A. Baibergenova
- ☐ Dr. S. Sharma

Endocrinology
- ☐ Dr. A. Angel
- ☐ Dr. S. Orlov
- ☐ Dr. P. Segal
- ☐ Dr. W. Singer
- ☐ Dr. G. Steiner
- ☐ Dietician
- ☐ Diabetes Nurse Educator

ENT
- ☐ Dr. J. Haight
- ☐ Dr. X. Punthakee
- ☐ Audio Testing
- ☐ Inner Ear Testing
- ☐ VNG

General Surgery
- ☐ Dr. J. Tan

Gynecology
- ☐ Dr. T. Kattygnarath
- ☐ Dr. M. Yusuf

Haematology
- ☐ Dr. L. Grossman

Hepatology
- ☐ Consult
- ☐ Fibroscan
- ☐ Fibroscan + CAP

Internal Medicine
- ☐ Dr. J. Shu

Nephrology
- ☐ Dr. M. Silverman

Orthopaedic Surgery
- ☐ Dr. K. Koo

Pediatrics
- ☐ Dr. E. Weinberg

Plastic Surgery
- ☐ Dr. A. Golger
- ☐ Dr. M. Plant

Respirology
- ☐ Dr. V. Hoffstein
- ☐ Dr. K. Lumb

Rheumatology
- ☐ Dr. W. Pruzanski
- ☐ Dr. A. Yazdani
- ☐ Dr. J. Shu

Urology
- ☐ Vasectomy
- ☐ Dr. A. Juriansz
- ☐ Dr. R. Sing

Vascular Surgery
- ☐ Dr. A. Lossing
- ☐ Dr. _____

CARDIOLOGY AND NEUROLOGY DEPARTMENT UNIT B10 TEL: 416-222-6160 EXT. 243, 255 FAX: 416-645-1979

Consultation (+ECG)
- ☐ Dr. R. Chan
- ☐ Dr. V. Chauhan (Electrophysiology)
- ☐ Dr. D. Delgado
- ☐ Dr. E. Horlick
- ☐ Dr. J. Janevski
- ☐ Dr. M. Madan
- ☐ Dr. A. Rocca

Cardiac Diagnostic Tests
- ☐ Echocardiogram
- ☐ Stress Test
- ☐ Stress Echocardiogram
- ☐ Holter Monitor (☐ 24 hr or ☐ 48 hr)
- ☐ Holter Monitor (☐ 7 day or ☐ 14 day)
- ☐ Ambulatory Blood Pressure Monitor

Neurology
- ☐ Dr. V. Prigozhikh

Nerve Conduction
- ☐ Dr. L. Corrin
- ☐ Dr. C. Godfrey

NORTH YORK ENDOSCOPY CENTRE UNIT B19 TEL: 416-645-5145 FAX: 416-645-1401

Gastroenterology
- ☐ Dr. G. Y. Bilbily
- ☐ Dr. K. Jeejeebhoy
- ☐ Dr. B. Kaila

Endoscopy
- ☐ Gastroscopy
- ☐ Colonoscopy

Ano-Rectal Clinic/General Surgery
- ☐ Dr. I. Goussev
- ☐ Dr. J. Tan

NORTH YORK PULMONARY FUNCTION CENTRE UNIT B21 TEL: 416-636-6664 FAX: 416-636-8999

- ☐ Complete PFT
- ☐ Spirometry
- ☐ Consultation with a Respirologist
- ☐ Resting Oximetry
- ☐ Exercise Oximetry
- ☐ Pre/Post Bronchodilator
- ☐ Methacholine Challenge Testing

NORTH YORK SLEEP AND DIAGNOSTIC CENTRE UNIT B15 TEL: 416-642-4232 FAX: 416-642-4234

- ☐ Consultation and Sleep Study
- ☐ Consultation Only
- ☐ Sleep Study Only

Name of Physician for Outside Referral: _____ Location: _____

Reason for Referral (Required): _____

_____

_____

Signature of Referring Physician: _____ **Date:** _____

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