University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

Osteoporosis Clinic
Toronto General Hospital
North Building, 7-700
585 University Avenue
Toronto, ON M5G 2C4
Tel: (416) 340-4609
Fax: (416) 340-4707

For Office Use Only:

Date Received: _____

BMD Date: _____

Appt. Date & Time: _____

REQUEST FOR CONSULTATION

Date:

PATIENT'S DEMOGRAPHIC INFORMATION	
Last Name	First Name
Gender □ M □ F	DOB (dd/mm/yyyy)
Home Address	
Home Telephone Number:	Alternate Phone Number:
UHN MRN (if applicable):	OHIP:
Will an interpreter be required? □ Yes □ No	If yes, what language?

REFERRING PHYSICIAN'S INFORMATION	
Name:	
Address:	
Phone:	Fax:
OHIP Billing Number:	Signature

FAMILY PHYSICIAN'S CONTACT INFORMATION (if different from above)	
Name:	Address:
Phone:	Fax:

DIAGNOSIS AND RELEVANT MEDICAL INFORMATION:

Has the patient undergone a bone mineral density (BMD) test within the last year? □ Yes □ No
If no, please arrange for the patient to have a BMD test. It is encouraged that BMD tests be booked using the same machine as the previous BMD test.

A current BMD **must** accompany this referral, unless a referral has been submitted to Centre of Excellence in Skeletal Health Assessment (CESHA). Call CESHA at (416) 340-3890 to book an appointment.

Please send all supporting documents, test results or investigations with this referral.

Referrals will be triaged and scheduled based on a standard priority scale. Incomplete referrals will delay the booking process. The patient will be notified by phone regarding their appointment date and time.