

Fax to:

Kirkland Lake 705 567 9407	North Bay 705 474 0080	Parry Sound 1 855 773 4056	Sault Ste. Marie 705 949 1663	Sudbury 705 522 3855	Timmins 705 267 7795
-------------------------------	---------------------------	-------------------------------	----------------------------------	-------------------------	-------------------------

NOTE: A current medication list is recommended with each referral. You may use this form or provide a current medication list using your own agency-specific/primary care provider's form if it contains the following information:

Patient's Last Name:		First Name:	
Date of Birth (DD/MM/YYYY):		Health Card:	Version Code:
Primary Pharmacy Name:		Do you believe the patient to be compliant with his/her medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies:			
LIST OF ALL MEDICATIONS: (including prescription, over the counter, and herbals)			
Medications	Dose/Amount	Route/Frequency	Comments
Comments:			
Referring Party Name/Designation (Print):			Date (DD/MM/YYYY):
Referring Party Signature:			