

Unify Health Clinic Referral Form

25 Industrial Street, Units 206/207/208, Toronto, ON M4G 1Z2
Telephone: 416 745 1555 Fax: 416 745 1511 Email: referrals@unifyhealth.ca



Date:		Telephone #:	
Patient name:		Health card #:	
Patient address:		Date of birth:	
Patient email:		Ref. physician fax #:	
Referring physician:		Ref. physician phone #:	
Ref. physician billing #:			

Please provide relevant clinical information below (attach supporting information):

Cardiology

- ☐ Consultation only
☐ Diagnostic test only
Consultation will be booked if abnormal.
☐ Consultation + diagnostic test
- ☐ Urgent ☐ 48 h ☐ 7 days ☐ 2 weeks

Lipid Specialist Assessment

- ☐ Abnormal lipid profile / statin intolerance

General Internal Medicine

- ☐ Obesity medicine / weight loss
☐ CV risk factors (HTN, DLP, DMII) or pre-op assessment
☐ GI or liver disease, or anemia NYD
☐ In-clinic IV iron infusion - GIM assessment of appropriateness and dosage.
Non-OHIP fee: \$175 per infusion.

Allergy and Immunology

- ☐ Allergic rhinitis / sinusitis
☐ Angioedema / urticaria / anaphylaxis
☐ Insect sting reaction
☐ Pruritus
☐ Penicillin / drug / food allergies
☐ Atopic / contact dermatitis

Cardiac Diagnostic Services

- ☐ 12-lead ECG
☐ Echocardiogram (with or without contrast, as needed)
☐ Exercise stress echocardiogram
☐ Graded exercise test (GXT)
☐ Holter monitor
- ☐ 24 h ☐ 48 h ☐ 72 h ☐ 2 weeks
- ☐ 24-hour ambulatory BP monitor (\$75)

Dermatology

- ☐ Rash without systemic symptoms / rheumatologic diagnosis
☐ Eczema
☐ Seborrheic dermatitis
☐ Psoriasis
☐ Benign mole check
☐ Lesion check to rule out melanoma
☐ Lumps / bumps (include imaging)
☐ Benign skin lesion removal: skin tag / cyst / mole
Non-OHIP service.
☐ Acne or rosacea
☐ Lichen planus
☐ Hidradenitis suppurativa
☐ Scarring alopecia (all genders)
☐ Hair loss consultation/PRP/Mesotherapy - out of pocket fees may apply

Urology

- ☐ Urinary symptoms or incontinence
- ☐ BPH
- ☐ Testicular pain
- ☐ Sexual dysfunction / erectile dysfunction
- ☐ Low testosterone
- ☐ Kidney stones
- ☐ Hematuria
- ☐ Phimosis / frenulectomy / frenuloplasty
- ☐ Spermatocoele / hydrocele
- ☐ Scrotal / penile cyst excision

ENT

- ☐ Otitis media / otitis externa
- ☐ Hearing loss / tinnitus
Please send audiology results.
- ☐ Perforated tympanic membrane
- ☐ Eustachian tube dysfunction
- ☐ Allergic / non-allergic rhinitis
- ☐ Chronic sinusitis / acute sinusitis
- ☐ Nasal polyps / nasal obstruction
- ☐ Deviated nasal septum
- ☐ Vocal cord nodules, polyps or paralysis
- ☐ Epistaxis
- ☐ Tonsillitis / pharyngitis / laryngitis
- ☐ Hoarseness / dysphonia
- ☐ Thyroid nodule
- ☐ OSA / snoring
- ☐ GERD / laryngopharyngeal reflux
- ☐ Parotid gland tumour
- ☐ Salivary gland disease

Cosmetics

- ☐ Botox / filler - no referral needed

Plastic & Oculoplastic Surgery

- ☐ Incisional / excisional biopsy
- ☐ Skin lesion excision
Please send pathology report.
- ☐ Cyst, hemangioma or lipoma excision
Please send imaging.
- ☐ Trigger finger release
- ☐ Carpal tunnel release (send EMG/NCS)
- ☐ Lateral canthoplasty
- ☐ Upper eyelid blepharoplasty
- ☐ Benign eyelid lesion removal
- ☐ Chalazion removal
- ☐ Ptosis repair
- ☐ Entropion / ectropion repair
- ☐ Ganglion cyst excision - hand and wrist
Please send imaging.

Sports Medicine and Physiatry

- ☐ Osteoarthritis / tendonitis / tendinopathy / tenosynovitis
- ☐ Frozen shoulder, chronic rotator cuff tears, subacromial impingement
- ☐ Labral tears
- ☐ Hip / foot / ankle / wrist / elbow / neck / back pain
- ☐ Knee - acute knee injury, patellofemoral pain
- ☐ Peripheral neuropathy
- ☐ Concussion

Orthopaedic Surgery

Please send imaging/CD with the patient.
Orthopaedic fax: **416 441 2246**

- ☐ Hip
- ☐ Knee
- ☐ Shoulder
- ☐ Wrist / elbow

Travel & Occupational Medicine

- ☐ Latent TB (no active respiratory symptoms)
- ☐ Pre-travel consultation (non-OHIP fee: \$100)
- ☐ Hepatitis C - treatment-naive and HIV negative.
Include CBC, electrolytes, Cr, ALT, AST, CGT, ALP, bilirubin, anti-HCV and hepatitis C viral load. Include abdominal ultrasound if possible.