PUSH POUNDS SPORTS MEDICINE
55 University Avenue, Mezzanine Floor, M002, Toronto, ON, M5J 2H7
Tel: 416.722.3393 | **Fax:** 416.342.0808 | **Toll Free:** 1.877.432.0982

Consultation Request

Referring to Specialty: _____

☐ **Orthopaedic Surgeon**

__ Dr. Joseph Menna MD, FRCSC
__ Dr. Jihad Abouali MD, FRCSC
__ Dr. Joyce Fu MD, FRCSC

☐ **Pain Medicine**

__ Dr. James Khan MD, FRCPC
__ Dr. Sachin Sahni MD, FRCPC

Patient Information	Physician Information
Patient Name:	**Physician Name:**
DOB:	**Address:**
Health Card:	**Phone:**
Address:	**Fax:**
Home Phone:	**Billing Number:**
Work Phone:	**Specialty:**
Cell Phone:	**Family Physician:** (if not referring MD)

Reason for Referral
(Include diagnosis and treatment to date)

Medical and Surgical History

Medications	Allergies

Radiology Report Required
(Attach recent within 1 year - Incomplete referrals will be declined)

☐ **MRI** ☐ **CT SCAN** ☐ **X-ray** ☐ **Ultrasound** ☐ **Other** _____

Referring Physician Signature _____

Date _____