

# ALLERGY, ASTHMA, IMMUNOLOGY, PAEDIATRICS, ORTHOPAEDIC MEDICINE AND RHEUMATOLOGY

Dr Mark Greenwald, M.D., FRCPC  
NorFinch Medical Centre  
2100 Finch Ave West, Ste 312  
Toronto ON M3N 2Z9  
www.drmarkgreenwald.com

Phone : (416) 748-0008  
Fax : (416) 748-9957  
office@drmarkgreenwald.com

## PATIENT REFERRAL FORM

Date \_\_\_\_\_

### ① REFERRING DOCTOR

Name \_\_\_\_\_ Email \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_  
Street Name City Postal Code

### ② PATIENT INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ OHIP# \_\_\_\_\_  
yyyy/mm/dd

Tel \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street Name City Postal Code

### ③ REASON FOR ASSESSMENT

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergy – Rhinoconjunctivitis | <input type="checkbox"/> Allergy – Food           | <input type="checkbox"/> Allergy – Drugs |
| <input type="checkbox"/> Acute Urticaria               | <input type="checkbox"/> Chronic Urticaria        | <input type="checkbox"/> Anaphylaxis     |
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Asthma – Severe – Xolair | <input type="checkbox"/> Eczema          |
| <input type="checkbox"/> Musculoskeletal Problem _____ |   | <input type="checkbox"/> Scoliosis       |
| <input type="checkbox"/> Paediatric Consult Re: _____  |   | <input type="checkbox"/> Circumcision    |

### ④ CURRENT MEDICATIONS

### ⑤ APPOINTMENT DETAILS & INSTRUCTIONS

Date \_\_\_\_\_ Time \_\_\_\_\_

- Shorts, halter top and hair tie  No anti-histamines (see FAQs for more info)

### ⑥ DIRECTIONS

The office is located at 2100 Finch Avenue West in Toronto, in suite 312. The closest intersection is Finch Avenue and Highway 400. The NorFinch Medical Centre is on the north side of Finch, across from the old Humber River Hospital at the intersection of Finch Avenue West and Norfinch Drive.

**PLEASE REMIND PATIENTS TO BRING A VALID HEALTH CARD TO ALL APPOINTMENTS**