

Sunnybrook Centre for Independent Living
Sunnybrook Health Sciences Centre
2075 Bayview Avenue, U-Wing, Ground Floor
Toronto, ON M4N 3M5
T: 416-480-4261 F: 416-480-5975
Email: scil@sunnybrook.ca
<http://scil.sunnybrook.ca>

Patient Information

Referral Form

Date of Referral: (DD/MM/YYYY) _____

PATIENT INFORMATION

Name: _____

Date of Birth: _____ DD / MM / YYYY Gender: Male Female Other

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Work: _____

Mobile Phone: _____ Email: _____

Health Card #: _____ VC: _____ WSIB # _____

REQUEST FOR: *(please check, and provide details in next section)*

Amputee & Prosthetic Services

- Assessment & Management
- Surgical Opinion
- Rehabilitation & Training
- Orthotic (Bracing) Services**
- Podiatry Services**

Pedorthic Services

- Pedorthic Assessment (for complex biomechanical issues)
- Custom-made Footwear Assessment *(for significant foot deformity)*
- Foot Orthotics Assessment & Treatment
- Footwear Fitting *(for pre-made specialty footwear)*
- Footwear Modifications *(for modifying existing footwear)*

ADDITIONAL MEDICAL HISTORY *(Please be as detailed as possible and attach additional information as needed)*

(Please have patient bring in up-to-date medication list to SCIL appointment)

REFERRING PHYSICIAN INFORMATION

Name: _____ OHIP Billing #: _____

Phone: _____ Fax: _____

Signature: _____

Please clearly fill out all sections.