

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
www.sunnybrook.ca/scil

Patient Information

Referral Form

Please clearly fill out all sections.

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)*

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)

Relevant Diagnosis: _____

Presenting Issue: _____

REFERRING PHYSICIAN INFORMATION

Name: _____ OHIP Billing #: _____

Phone: _____ Fax: _____

Signature: _____