Medigroup Health Centre & Pharmacy
Telephone: 204-410-5200
Clinic Fax: 204-410-5177 | Clinic Email: mhc@medigroup.ca
Pharmacy Fax: 204-410-5188 | Pharmacy Email: mhcp@medigroup.ca
14 - 1585 Kenaston Blvd | Winnipeg, MB R3P 2N3

L. MacDonald MD, CCFP, Dip. Sport Med (CASEM) | Sports Medicine

Sport Med Referral

Patient name: ____________________________________ DOB: ____________________________________

MH #: ____ PHIN #: __________________________________

☐ Male ☐ Female ☐ Other ______________________ Email: ____________________________________

Address: ____

Phone: home/cell _________________________________ work ______________________________________

Referring provider name: ____

Clinic/hospital: ___________________________________ Date: ____________________________________

Address: ____

Phone: ____ Fax: _____________________________________

APPOINTMENT
☐ Urgent (typically within 1 to 2 weeks) ****please call us if an appointment is required sooner****
☐ Semi-urgent (typically within 2 - 4 weeks)
☐ Elective (an attempt will be made to be seen within 4 - 8 weeks)

REASON FOR REFERRAL **(check one)**
☐ Ankle
☐ Elbow
☐ Finger
☐ Knee
☐ Low back pain
☐ Shoulder
☐ Wrist
☐ Other: __________________________________

DIAGNOSTIC TESTING
☐ CT
☐ Nerve conduction study
☐ MRI
☐ X-Ray, location: _________________________

Please include recent relevant medical history, medication records, investigations, and lab results.

____
Signature   Date