

# Referral Form



Peripheral Nerve Program  
EMG Laboratory  
Mount Hope Centre  
St. Joseph Health Care  
Zone, Level 0, Room 066  
21 Grosvenor Street, London, Ontario, N6A 1Y6  
P: 519 646-6100 ext. 65364  
F: 519 646-6174

**Please complete and fax this form to 519 646-6174**

## **Patient information:**

Name:  
Date of Birth:  
Address (including postal code):  
Phone: (home and cell):  
Ontario Health Card number.:  
WSIB number:  
Date of accident:  
Area of injury:

## **Consultation request information:**

Reason for consultation:

History:

Investigations/testing: (Attach all pertinent information. Have patient bring cd of imaging to appointment)

***Please have patient bring a list of medications and all imaging.***

## **Referring physician:**

Address:  
Phone number:  
Fax number:

## **Family physician:**

Address:  
Phone number:  
Fax number:

Signature of referring physician:

Date:

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Renowned for compassionate care, St. Joseph's is one of the best academic health care organizations in Canada dedicated to helping people live to their fullest by minimizing the effects of injury, disease and disability through excellence in care, teaching and research.



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