



Middlesex Hospital Alliance

Please check site requested:

- Four Counties Health Services
- Strathroy Middlesex General Hospital
- Satellite Clinic: \_\_\_\_\_

**Referral Form**  
**Send referrals to:**

**DEP Central Referral Office**  
**Toll-free fax line: 1-888-464-5112**

For information call: 519-693-6502

Physician: \_\_\_\_\_

Referral date: \_\_\_\_\_

**Reason for referral:**

**Patient Information (Please print)**

Name:	Date of birth (mm/dd/yyyy)
Health card number:	
Address and postal code:	Telephone number(s):
<b>Medications:</b> Insulin  Oral antihyperglycemic agent  Other?	<b>Labs : attach copy of laboratory results</b>  * ___ Check here if you do NOT wish patient to have A1c measured on site.  <b>Optional information:</b> Height  Weight

*For office use only*

Referral rec'd date:	Service accepted date:	Appt date/time:
Scheduling notes:		