Erie St. Clair Clinic

Our Mission is to Care of Your

Physical, Emotional & psychological needs.

1574 Lincoln Road, Windsor,
P: 519-977-9772 – F: 519-977-7145
33 Princess St Leamington,
P:519-326-7742 – F: 519-326-7748

Referral Form

Full Name: _____ _____	**Health Card #:** _____ _____ _____ VC _____
Date of Birth: _____ /_____ /_____	Phone: (_____)_____ - _____
Address: _____	E-mail: _____
Emergency Contact: _____ (_____)_____ - _____	Family MD: _____

Reason For Referral

_____

_____

_____

_____

Is the patient a pain patient? Yes ☐ No ☐

If so, please refer the patient to the VON pain program before sending the referral. VON number is: (519)-254-4866

Has there been a urine toxicology done? Yes ☐ No ☐
If yes, please Enclose results.

Is the patient aware the washrooms are monitored by camera for urine samples, and it is required?
Yes ☐ No ☐

Is the patient aware of this referral, and are they willing to be seen at our clinic?
Yes ☐ No ☐

NB: Please include most recent prescriptions for any medication and any other relevant information for your patient:_____
_____

For ESCC OFFICE USE ONLY

Your referral has been accepted, please have the patient call (519)977-9772 for an appointment.

Your patient has been notified of an appointment date and time: ____/____/_____ __ : __

Your referral was not accepted at this time due to the following reason (s):

_____

_____

Your patient did not show for the appointment: ____/____/_____ __ : __