



Addressograph if available

**Respiratory/Tuberculosis Service Outpatient Referral Form**

Fax to: 416-243-3696

Please complete and return to the attention of:

Dawn Thomas 416-243-3600x 2180

<b>Name</b>	<b>Date of birth:</b>
<b>Home Address /homeless</b>	<b>Phone:</b>
<b>Family physician:</b>	<b>Languages spoken and understood:</b>
<b>Health card number: For Interim Federal Health and/or insurance (see below)</b>	

**Reason for referral:**

- All client’s must be informed of the referral to West Park Healthcare Centre
- Referral must include demographics, typed medical history, reports, recent imaging