



**Lakeridge
Health**



Positive Care Clinic

Lakeridge Health Whitby
300 Gordon Street
Whitby, ON L1N 5T2
Tel: 905-668-6831 ext. 3127
Fax: 905-665-2409

REFERRAL REQUEST FORM

PATIENT INFORMATION/LABEL:

Name: _____

DOB: _____

OHIP#: _____

Address: _____

Contact #: _____

REFERRING PHYSICIAN/NP INFORMATION:

Name: _____

OHIP Billing #: _____

Tel: _____

Fax: _____

Signature: _____

Reason For Referral:

Hepatitis C Hepatitis B HIV Syphilis Pre-Exposure Prophylaxis (PrEP)

Other _____

PLEASE ATTACH THE FOLLOWING INFORMATION:

- 1) Brief medical and social history
- 2) List of all current medications
- 3) For Hepatitis B/C: serology results, viral load testing (if done), bloodwork (including liver enzymes), abdominal ultrasound results
- 4) For HIV: serology results, CD4 count (if done) viral load (if done), other STI testing results (if done)
- 5) For PrEP: STI test results (if done)

Additional information:
