



Bloom Clinic

Fort Family

40 Finchgate Blvd., Suite. 224
Brampton, Ontario L6T 3J1
Office: 905-451-6959 or
905-451-8090 ext. 503
Fax: 905-451-0458

Please advise patients to bring a complete list of all current medications and supplements over the past year

PATIENT INFORMATION

FIRST NAME	LAST NAME	MIDDLE INITIAL
ADDRESS	CITY	PROV
POSTAL CODE	DATE OF BIRTH (mm/dd/yyyy)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans (MTF, FTM)
HOME PHONE	CELL PHONE	

PREFERRED LANGUAGE SPOKEN TO:

HEALTH CARD NUMBER (or IFH)	VERSION CODE	PROVINCE
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REFERRING PROVIDER OR NURSE PRACTITIONER (NP)

FIRST NAME	LAST NAME	
SUITE # - ADDRESS		
CITY	PROV	POSTAL CODE
PHONE:	FAX:	
OHIP PROVIDER #	SIGNATURE:	

REFERRAL REQUEST

REASON FOR REFERRAL (or QUESTION to be answered):

- Testing for Hepatitis C
- Testing for HIV
- Hepatitis C Treatment
- Other: _____

Please provide copies of recent: HCV RNA (Viral Load), HCV genotype, HIV, HBsAg, Anti-HBc, Anti-HBs, CBC, Creatinine, ALT, AST, ALP, Bilirubin (direct and indirect), INR, Albumin for all patients if available.

ADDITIONAL CLINICAL INFORMATION: (please add additional pages if required)

DR. JOSHUA JUAN, MD - Affiliated with Toronto Western Hospital Liver Clinic, UHN, and U of T
DR. DAVID RICHARDSON, Infectious Diseases, Internal Medicine, Medical Microbiology, BCHospital