ATHLETIC EDGE
SPORTS MEDICINE
KEEP PLAYING

AESM

DATE _____

PATIENT NAME _____

DAYTIME PHONE no. _____

PATIENT EMAIL ADDRESS _____

REFERRAL FOR

- ☐ *"Fast-Track" for acute injuries – patient will be seen by MD within 24 hours if possible*
- ☐ *Knee osteoarthritis program – sport MD consultation to discuss viscosupplementation, bracing and other alternatives to surgery*
- ☐ *Sports Medicine Physician consultation – covered by OHIP*

- ☐ Physiotherapy
- ☐ Massage Therapy
- ☐ Chiropractic Treatment / Active Release Technique®
- ☐ Acupuncture
- ☐ Gait analysis / Custom foot orthotics
- ☐ Braces including custom knee bracing
- ☐ Nutritional counseling
- ☐ Sport psychology
- ☐ Fitness testing and training
- ☐ Injured Runners' Program
- ☐ Shockwave Therapy

☐ Other _____

REASON FOR REFERRAL _____

_____

_____

_____

Physician Stamp

REFERRING PHYSICIAN INFORMATION

NAME _____

BILLING no. _____

ADDRESS _____

_____

SIGNATURE _____

TEL no. _____

☐ Please send more referral pads

FAX no. _____

Thank you for your referral | **VISIT US ONLINE AT AESM.ca**

121 King Street W, Suite 1100, PO Box 33, Toronto, ON M5H 3T9
T 416-800-0800 F 416-800-0802