



Sport Medicine Referral Form

David Braley Sport Medicine & Rehabilitation Centre

WB-127 David Braley Athletic Centre McMaster University
1280 Main St. West Hamilton, ON L8S 4K1
Phone: (905) 525-9140 ext. 23575

Fax: (905) 526-7397

Email: macsportmed@mcmaster.ca

Website: www.sportmed.mcmaster.ca

Referral Source:

Date: _____

Referring MD: _____

Billing number: _____

Location: _____

Office Phone: _____

Office Fax: _____

Family MD: _____

Signature: _____

Patient Demographics:

Name: _____

DOB: _____

HC#: _____

Phone: _____

Email: _____

Address: _____

☐ **Rostered Patient**

Referral Information:

Requested MD: _____

☐ **URGENT APPOINTMENT REQUESTED**

(Please explain below)

OR ☐ **First Available Physician**

Please note we do not see injuries related to WSIB, MVA, legal cases, subacute (>2 months) concussions, or chronic (>3months) back/neck pain.

Reason for Referral: (include date of injury, sport/activity, body part, treatments, etc.)

☐ Acute Injury (<6 wks)

☐ Chronic Condition

☐ Injection/Procedure

☐ Sport Concussion

☐ Osteoarthritis

***** Please include all relevant investigations with the referral *****

Once approved, we will contact the patient directly to book an assessment. In the event this referral is not approved, we will contact your office. Please ensure your telephone/fax numbers are included on the referral. Patients may call the office to book their consultations, but please allow 5 business days for us to triage the referral.

****Most of our physicians have GP focused practice designation. If you are a rostered model practice, we will book your patient with one of our focused practice designated physicians when indicated on the referral form****