



# The Ability Clinic

Bone • Muscle • Nerve

755 Queensway East, Suite 304  
Mississauga, ON, L4Y 4C5

## Referral Form

Thank you for choosing The Ability Clinic. Please fill out this form to ensure that your patient receives the appropriate care. All information is *Private and Confidential*.

### Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
YYYY - MM - DD

Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Referring Physician Information

Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
YYYY - MM - DD

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

OHIP Billing: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Service Requested:

- |  |   |
|--|---|
| <input type="checkbox"/> Musculoskeletal Consultation<br>Exercise Counseling | <input type="checkbox"/> Interventional Pain Consultation (US-Guided Injection) |
|  | <input type="checkbox"/> Electrodiagnostics Consultation (EMG/NCS)              |

Diagnosis: \_\_\_\_\_

#### Additional Information:

Investigations Attached:  Ultrasound  X-Ray  CT  MRI  Bone Scan  EMG/NCS

Please return by Fax: **(905) 826-7201** or E-mail: [referrals@abilityclinic.ca](mailto:referrals@abilityclinic.ca)