



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: _____

Mobile: _____ Phone: _____

Referring Physician Information

Name: _____ Date of Referral: _____

Address: _____

Phone: _____ Fax: _____

OHIP Number: _____ Signature: _____

Physician Requested: First available Specific request _____

Consultation and Service(s) Requested:

- | | |
|---|---|
| <input type="checkbox"/> Musculoskeletal Consultation | <input type="checkbox"/> Neurology Consultation |
| <input type="checkbox"/> Spasticity Botox Injection | <input type="checkbox"/> Rheumatology Consultation |
| <input type="checkbox"/> US-Guided Injection Consultation | <input type="checkbox"/> Electrodiagnostic Consultation (EMG/NCS) |

Presumptive diagnosis and additional information:

Investigations Attached: Ultrasound X-Ray CT MRI EMG Labs Other

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