



Post-COVID
Clinic Referral Form

Place Patient Label with
Barcode Here

• The Post-COVID clinic is a multidisciplinary clinic that provides an initial assessment with a physician who will assess and manage ongoing medical, functional, cognitive or mental health sequelae of COVID 19 with a focus on improving functional outcomes.

- Fax completed referral form to St. Joseph's Hospital CRA at:
Fax: **807-343-0144**. Any questions please call SGS Central Intake at 807-346-5218

Client Information:	Health Card #:	D.O.B (d/m/y):
Name: Last	First	Marital Status:
Primary address:		Gender:
		Telephone:
Preferred language:	Is an interpreter required?	Yes No
Primary Contact Person For Appointments:	Consent to contact?	Yes No
Name:	Relationship:	
Contact telephone #:	Client/SDM Consent to Referral:	Yes No

Reason for Referral:

Date of initial symptom onset:

Earliest positive test: (please include results if possible):

Symptoms or functional changes of concern:

Previous COVID Investigations/Treatment (including relevant consult notes and most recent medication list /MARS):

Test Results Please send most recent labs/diagnostic's Check to indicate attachment:

Laboratory Results:	CBC	Electrolytes	Urinalysis	Creatinine	TSH	Glucose
	Neuro Imaging	Calcium	B12	Recent EKG	PFTs	CXR
						CT Chest

Family Physician/NP (if different from referring) Name:

Referring Physician/Nurse Practitioner/MRP:

Signature: _____ Contact #: _____

Print Name: _____ Fax#: _____

Date: _____ OHIP Billing# _____

