NORTH BAY
SPORT MEDICINE
Recovery - Prevention - Performance

150 First Ave. W – Unit 4
North Bay, ON P1B 3B9
705-495-0000 (phone)
705-474-0891 (phone)
705-316-0472 (fax)
www.northbaysportmedicine.ca

PATIENT REFERRAL FORM

☐ Sport Medicine Physicians**:
- Dr. Bryan Lemenchick CCFP (SEM), Dip. Sport Med
- Dr. Taylor Lougheed CCFP (EM)(SEM), Dip. Sport Med

☐ Physiotherapy

☐ Bracing

☐ Hand / Occupational Therapy

☐ Kinesiology

Patient Info:

Name: _____ Date of Birth: _____

Address: _____

Phone/Cell #: _____ Email: _____

Health Card #: _____ Version Code: _____

Reason for Referral: (Please attach relevant medical records, imaging, etc.)

Is this injury/complaint: ☐ Acute ☐ Flare-up of pre-existing condition ☐ Chronic

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Referring Physician / Provider Info:

Name: _____ OHIP Billing #: _____

Signature: _____ Date of Referral: _____

Office Phone #: _____ Fax #: _____

****Our Sport Medicine Physicians are unable to accept referrals for non-sport related concussion, chronic neck/back pain, or insurance claims at this time.**