THE INSTITUTE OF
HUMAN MECHANICS

Consultation Referral Form

Physician Consultation: ☐ Avenue Road Clinic ☐ Norseman Street Clinic	**Patient Name *(Last, First)***:
	DOB ***(dd/mm/yy)***:
Name of Referring Physician:	Health Card Number:
Address:	Address:
Tel:	
Fax:	Telephone Number(s):
OHIP Billing #:	
Reason for Referral ***(please print)*** Mechanism of Injury ***(please specify)*** Date of Onset/Injury:	
Investigation Results ***(Patient to bring CDs of X-rays/MRI if already completed)***	
Signature:	Date:

199 Avenue Road
Toronto, ON
M5R 2J3

info@ihmmedical.ca
t: 416.620.6861
f: 416.620.9774

190 Norseman Street
Etobicoke, ON
M8Z 2R4