



## HEPATITS C : Patient Referral Form

Fax Form to: 416-335-7796

Phone: 1-844-852-2500

### Medical History

Check all that apply:

- |                                   |                                       |   |   |
|-----------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Hep C    | <input type="checkbox"/> Hep B        | <input type="checkbox"/> HIV            | <input type="checkbox"/> Heart Disease      |
| <input type="checkbox"/> Stroke   | <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Hypertension   | <input type="checkbox"/> Cancer (type)_____ |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Other_____         |

### Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_ OHIP # \_\_\_\_\_  
\_\_\_\_\_ Phone No: \_\_\_\_\_

### Referral Physician Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No and Fax No: \_\_\_\_\_  
Billing Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please include any relevant medical documentation with referral form, including investigations, consult reports, and medication lists

#### VHC Locations:

Mississauga | 7064 Airport Road, ON L4T 2G8 • Tel. 416-487-3885  
Scarborough | 9 Progress Avenue, Unit 1A, ON M1P 5A4 • Tel. 647-725-9650  
Thornhill | 267 Bay Thorn Drive, ON L3T 3V8 • Tel. 905-762-0404  
North Bay | 41 Lakeshore Drive, ON P1A 2A1 • Tel. 1-844-852-2500  
Innisfil | 1070 Innisfil Beach Rd. ON L9S 4T9 • 1-844-852-2500  
Hamilton | 293 Barton St. East, ON L8L 2X4 • Tel. 1-844-852-2500



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