



Specialist Referral Form

T: 1 (888) 350 - 2323
F: 1 (905) 232 - 8002
E: specialist@telemedmd.ca
W: www.telemedmd.ca

Patient Information

First Name: _____ Last Name: _____ DOB: _____ Gender: _____

HC #: _____ VC: _____ Telephone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Urgency

Urgent

Routine

Type of Specialist Request:

Adult Psychiatry Pediatrics Cannabis Substance Use Disorder Clinic

Child Psychiatry General Internist Cardiology Weight Management Program

Geriatric Psychiatry Dermatology Gynecology Diabetic Management Program

Psychotherapy Nephrology

Reason for Referral:

Primary Concerns/ Medical History:

Current Medications/Treatments:

Physician Information

Physician Name: _____ Clinic Address _____

Physician Billing #: _____ City: _____ Postal Code: _____

Physician CPSO #: _____ Physician Signature: _____



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Adult Psychiatric Consultation

- Depressive Disorder
- Anxiety Disorder
- Bipolar Affective Disorder
- Post Traumatic Stress Disorder
- Panic Disorder
- Obsessive Compulsive Disorder
- Schizophrenia
- Schizoaffective Disorder
- Dementia
- Other _____

Paediatric & Child Psychiatry Consultation

- General Pediatrics
- Respiratory Allergy and asthma
- ADHD and Learning Disabilities
- Behavioral and Developmental conditions
 - Aggression
 - Sleep disorder
 - Encopresis
 - Bedwetting
 - Speech delay
 - Developmental delay
- Children and Youth Mental Health Conditions
- Newborns Feeding Difficulties and FTT
- Constipation and Functional Abdominal Pain
- Pediatric Skin Conditions and Acne
- Eating Disorder
- Other _____

Geriatric Psychiatry Consultation

- Depressive/ Anxiety Disorder
- Suicidal Thinking
- Obsessional Thinking
- Post Traumatic Stress Disorder
- Panic Disorder
- Hallucinations/ Delusions
- Poor Concentration/ Attention
- Memory Problems
- Insomnia/ other sleep problems
- Other _____

Dermatology Consultation

- Acne
- Eczema
- Skin Rash
- Skin Allergies
- Psoriasis
- Warts, Moles, Skin tags
- Pigmentation Problems
- Biopsy
- Other _____

General Internist Consultation

- Respirology Concerns (i.e. Asthma, Lung Concerns)
- Cardiology (i.e. Smoking, Heart Disease)
- Gastro Intestinal (i.e. Nausea, IBD, IBS)
- Endocrine (i.e. Diabetes, Thyroid)
- Renal (i.e. Renal Failure)
- Infectious (i.e. Fevers, Pneumonia)
- Other _____

Nephrology Consultation

- Chronic Kidney Disease
- Blood Pressure Management
- Electrolyte Disturbance
- Other _____
- Proteinuria
- Hematuria
- Kidney Stones

Cardiology Consultation

- Dyslipidemia
- Hypertension
- Other _____
- Shortness of breath/ Dyspnea
- Palpitations

Gynecology Consultation

- Abnormal Uterine Bleeding
- Pediatric/ Adolescent Gynecology
- Menopause/ Perimenopausal Concerns
- PCOS
- Contraception Counselling
- Female Infertility
- Recurrent Pregnancy Loss