ST. MICHAEL'S
UNITY HEALTH TORONTO

30 Bond St.
4th Floor, Cardinal Carter Wing
Specialty Clinics (Squires Reception)
Toronto, ON, M5B 1W8

Tel: (416) 864-5928
Fax: (416) 864-5714
Email: gimclinic@unityhealth.to

REFERRAL to General Internal Medicine Clinic

☐ Urgent ☐ Non-Urgent Date:

Patient's Name:	
Address:	
Contact Number(s):	
Email:	
Health Card #:	Date of Birth:
Diagnosis:	
State pending investigations here:	
ATTACH results of ALL relevant investigations.	
Assistance Needed ☐ **Y** ☐ **N**	*If yes, specify:*
Translator required? ☐ **Y** ☐ **N**	*If yes, specify language*:
Hearing impaired? ☐ **Y** ☐ **N**	

Referring MD:	Signature:	
Office Address:	OHIP Billing #:	
	Phone #:	Fax #:
Primary care provider: *(if different from referring)*	Phone #:	Fax #: