HYPERBARIC.CA
ROUGE VALLEY HYPERBARIC MEDICAL CENTRE

Rouge Valley Hyperbaric Medical Centre

2863 Ellesmere Rd., Suite 110
Toronto, ON, M1E 5E9
info@hyperbaric.ca

T 416.287.0990
F 416.287.0992

patient referral form

Patient Information

Name _____ DOB _____
first middle last dd/mm/yyyy

Phone Numbers _____ _____ _____
home cell work

OHIP _____ WSIB _____

Reason for Referral

- ☐ Chronic Wound *(*see below)*
  - ☐ Diabetic Ulcer
  - ☐ Non-Healing Surgical Wound
  - ☐ Calciphylaxis
  - ☐ Other: _____
- ☐ Delayed Radiation Injury
  - ☐ Radiation Proctitis
  - ☐ Hemorrhagic Cystitis
  - ☐ Soft Tissue Radiation Injury
  - ☐ Osteoradionecrosis
  - ☐ Other: _____
- ☐ Osteomyelitis
- ☐ Sudden Sensorineural Hearing Loss
- ☐ Compromised Flaps / Grafts
- ☐ Frost Bite / Thermal Burns
- ☐ Crush Injury / Compartment Syndrome
- ☐ Exceptional Anemia
- ☐ Decompression Sickness
- ☐ Carbon Monoxide Poisoning
- ☐ Intracranial Abscess
- ☐ Other: _____

Additional Information

Multidisciplinary Wound Care: *(*please complete if referring a wound care patient)*
At RVHMC, we follow a multidisciplinary approach to wound management, including HBOT, general wound care, pain management, and debridement under sedation. Please indicate which services, in addition to HBOT, you are interested in: ☐ Pain Control ☐ Wound Debridement under Sedation

Current Wound Care MRP: _____ Phone: _____

Please attach the following reports, if available:
Chest X-ray, ECG, PFT's, Echocardiogram, Chest CT, Past Medical History, Current Medication List, Bloodwork including CBC, Urea, Creatinine, Electrolytes, CRP, ESR, HbA1c

Referring Physician: Name _____

Phone _____ Fax _____ OHIP Billing # _____

Signature _____ Date _____