Occupational Health Clinics for Ontario Workers Inc.
OHCOW
Centres de santé des travailleurs (ses) de l'Ontario Inc. .on.ca

HEALTH PROFESSIONAL REFERRAL FORM

Date of Referral: _____

Services not offered:

- Acute treatment or ongoing medical care
- Non-work-related health problems
- Fitness for work or modified work determinations
- Musculoskeletal problems from more than 10 years ago; Pre-1990, FEL or NEL level of disability appeals or re-assessments
- WSIB case management
- Disability Claims (i.e. CPP, STD, LTD, EI, ODSP)

PATIENT INFORMATION

Legal Name: Last First Middle		Preferred Name:
Complete Address (Street Name and Number, City/Town, Province, Postal Code):		
Home Tel:	Alternate Tel:	Email:
Date of Birth: mm/dd/yyyy	Health Card Number:	Patient Aware of Referral: ☐ Yes ☐ No
Referring Health Professional Name:		
Complete Address:		
Telephone:	Fax:	Email:

Issue/Reason for Referral:

*****Please include any relevant consults/test results with this referral*****

Enquiries are welcome regarding determination of work-relatedness and prevention strategies.

OHCOW staff include: occupational hygienists; ergonomists; occupational health nurses; occupational health physicians; and administrative professionals.

OHCOW is a not-for-profit clinic. There is no charge for our services.

Print Form