



South East Grey Community Health Centre
PO Box 360 - 55 Victoria Avenue, Markdale, ON
N0C 1H0

Referral Form

Please return by fax to 519-986-3999.

Patient Name:

DOB:

Address:

Telephone #:

Health Card #:

- Physiotherapist- Jeanne MacLennan PT
- Registered Social Worker- Krista McCorkindale MSW, RSW
Registered Social Worker-Janice Frizzell MSW, RSW
- Registered Dietitian – Brianne Ozimok, RD
- Recreational Therapist- Shannon Gilbert CTRS
- Chiropodist- Natalie Grant
Basic Nail Care for patients with no insurance – Melissa Johnson, Foot Care Nurse, RPN
- Tobacco Cessation Program
Health Promoter - Tanya Shute
Registered Nurse-Krista Walley
Registered Nurse – Shannon Tupling
Registered Practical Nurse – Melissa Johnson

Reason for Referral:

Diagnosis:

Other Diagnostic/ Important Information:

Emergency Contact Name (If Applicable):

Alternate Phone:

Patient Aware of and consents to referral: Yes / No

Referral Source:

Date: