

Unit 2-245 West Beaver Creek Road, Richmond Hill, ON, L4B 1L1  
T:(905)883-7997 F:(905)883-7994 E-mail: info@yorkderm.ca

Date: \_\_\_\_\_

## Patient Demographics

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
HC: \_\_\_\_\_ (mm/dd/yyyy) Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

## Reason of Referral

Referral for:  Dermatology  Hidradenitis Suppurativa Clinic  Rheumatology  
(Dermatologist + Surgeon)

Presenting problem:

Relevant past medical history & allergies:

## Referring Doctor Information

Referring Physician: \_\_\_\_\_  
Billing number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For urgent matters requiring consultation in less than 3 days,  
please email [info@yorkderm.ca](mailto:info@yorkderm.ca)