Telemedicine Services a part of

Belleville and Quinte West Community Health Centre

Attach Patient

Information Label

Telemedicine Clinical Referral Form

Referring Physician Information

Fax to: 613-962-5669

Referring Physician/Nurse Practitioner First Name Last Name		Family Physician if different from Referring First Name Last Name		
Work Phone Ext.	Alternate Phone	Fax Number	Prov. Billing Number	
Street Address		City	Province	Postal Code

Appointment Information

Primary Service (Specialty)	Consultant (preferred) First Name Last Name	Priority of Appointment 1 Week _____ 1 Month_____	Appointment Type Initial_____ Follow Up_____
Special Requirements for the Patient and Appointment (eg. Mobility Requirements, oxygen, language etc.)			
Reason for Referral and Appointment Details (please attach additional information on a separate sheet if necessary)			
Documents Attached:			

Signature of Referring Physician/ Medical Professional Date

Note: The information contained in this form is confidential. It contains personal health information that is subject to the provisions of the Personal Health Information Protection Act, 2004. This form and its contents should not be distributed, copied or disclosed to any unauthorized persons. If you have accessed this form in error, please contact the referring physician immediately.

If problems faxing please contact Belleville & Quinte West CHC @ 613-962-0000 x 211

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70 Murphy St. Trenton ON K8V 0A8 613-965-0698