

**VIRTUAL CARE (TELEMEDICINE) CENTRAL INTAKE REFERRAL FORM
LANARK, LEEDS & GRENVILLE**

Phone: 1-877-321-4500

Email: TMAppts@lgoht.ca

OHT Website: www.lanarkleedsgrenvilleoht.ca

Appointment Request			
Specialist Request		Specialty Name (if known)	
New Patient Consult <input type="checkbox"/>	Follow Up <input type="checkbox"/>		
Patient Information			
Patient Name		Date of Birth	
Gender	Health Card	VC	
Street Address	City	Prov	Postal Code
Phone #	Alt. Phone #	Pref. Language	
Mobility Concerns:		Comprehension Concerns:	
Home Visit required: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for Referral (please attach relevant reports including current list of medication)			
Referring Health Care Provider (HCP) Information			
Referring HCP Name		Billing #	
Phone #		Fax #	
Address	City	Prov	Postal Code
HCP Signature		Date	

Please fax referrals to the Virtual Care (Telemedicine) Central Intake Referral Office at 613-284-2591



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