



trent health in motion
Enhancing HEALTH... Optimizing PERFORMANCE

**Trent Health in Motion
Sports Medicine
Referral Form**

<i>Patient Information</i>			
Name:		OHIP#:	
Age:	DOB:	Female:	Phone #:
		Male:	
Address:		City:	Postal Code:
<i>Reason for Referral:</i>			
<i>Relevant Past Medical History:</i>			
Referring Practitioner Name:		Billing#:	CPSO#/CNO#:
Practitioner Address:		Phone #:	Fax#:
Practitioner Signature:		Date of Referral:	

Please fax referral to 705.748.2139 or email to admin@trenthealthinmotion.ca

1600 West Bank Drive, Peterborough, Ontario
The Athletics Centre
Phone: 705.741.4758
Fax: 705.748.2139