GSH Clinic

Sports Medicine Referral Form

Patient Name	
Date of Birth	
Sex	
Health Card Number/Version Code	
Address	
Telephone Number	
Email	

Date of Referral: _____

REASON FOR REFERRAL: URGENT: ☐

SERVICE REQUESTED:

- ☐ **Primary Sports Medicine Consultation** with Dr. Matt He
- ☐ **MSK Injection:**
  Area of injection: _____
  ☐ Corticosteroid ☐ Hyaluronic acid ☐ Platelet Rich plasma ☐ Undecided

Please attach any pertinent imaging/consultations with referral.

Referring Physician Information:

Physician Name	
Billing Number	
Address	
Telephone Number	
Fax Number	

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