DermCare

Referral fax 905 625 5650
Clinic 905 625 5600
1065 Canadian Place, Mississauga, Ontario

Dermatology referral and fax cover sheet

Fax this sheet as page one. A referral is required for OHIP covered assessment and treatment.

Urgency ☐ Routine ☐ Urgent, reason required below.
Mark urgent for suspected melanoma or a rapidly changing pigmented lesion. For a rapidly spreading rash with fever, blistering or mucosal involvement, send the patient to an emergency department rather than referring.

PATIENT

SURNAME _____ GIVEN NAME _____ DATE OF BIRTH _____

HEALTH CARD NUMBER _____ VERSION _____ TELEPHONE, PRIMARY _____ TELEPHONE, ALTERNATE _____

ADDRESS _____ EMAIL, OPTIONAL _____

REASON FOR REFERRAL

PRESENTING COMPLAINT AND DURATION

SITE, SIZE AND ANY CHANGE _____ IMAGE ATTACHED ☐ Yes ☐ No

☐ Suspicious lesion ☐ Psoriasis ☐ Eczema ☐ Hidradenitis suppurativa ☐ Acne or rosacea ☐ Vitiligo ☐ Urticaria

☐ Hair, scalp or nail ☐ Other

TREATMENT ALREADY TRIED, AND RESPONSE

RELEVANT HISTORY AND CURRENT MEDICATIONS

Include prior skin cancer, immunosuppression, pregnancy, and anticoagulants.

REFERRING CLINICIAN

NAME _____ BILLING NUMBER _____ FAX FOR THE CONSULTATION REPORT _____

TELEPHONE _____ PRIMARY CARE PROVIDER, IF DIFFERENT _____ DATE _____