

**COVID-19 Referral Form (December 4, 2020)  
for ASSESSMENT +/- TESTING**

Testing +/- Assessment	Contact for Referral:
<b>KW4 COVID-19 Assessment Centre</b> <ul style="list-style-type: none"> <li>For patients 3+ months old</li> </ul>	Fax: 519-954-0112
<b>Cambridge, North Dumfries Area (CND) COVID-19 Assessment Centre</b> <ul style="list-style-type: none"> <li>For patients 3+ months old</li> <li>Not accessible for patients with mobility issues</li> </ul>	Fax: 519-629-3805

Testing Only	Contact for Referral:
<b>Grand River Hospital COVID-19 Testing Centre</b>	Online booking: <a href="https://covidtestregistration.grhosp.on.ca">covidtestregistration.grhosp.on.ca</a>
<b>St. Mary's General Hospital COVID-19 Testing Centre</b>	Fax: 519-885-1242
<b>Mobile Testing</b>	Fax: 519-883-2248

- In the case of severe symptoms, please direct the patient to the hospital.
- Patients will be seen by **appointment only**. Drop-ins will not be seen.
- Results:
  - Positive result: Public Health will contact the patient directly.
  - Negative result: Results are available through OLIS or Clinical Connect. Patients can look up their own results at: <https://covid-19.ontario.ca/>.

Patient Name (Last, First) \_\_\_\_\_ DOB (yyyy/mm/dd) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

OHIP # and Version Code \_\_\_\_\_ Gender \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

Cell Phone (to take a history from the car) (\_\_\_\_\_) \_\_\_\_\_

Interpreter Required?  No  Yes      Transportation required?  No  Yes      Is mobility a concern?  No  Yes  
 Language \_\_\_\_\_      Wheelchair needed?  No  Yes

Referring Provider \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Family Primary Care Provider (if different than above) \_\_\_\_\_

<p><b>Reason for referral:</b></p> <p><input type="checkbox"/> <b>Testing Only</b></p> <p><input type="checkbox"/> <b>Assessment and Testing</b></p> <p><input type="checkbox"/> <b>Mobile Testing Only (fax request to Public Health at 519-883-2248)</b></p> <ul style="list-style-type: none"> <li>• Reserved for patients who have a condition that makes them incapable of attending an Assessment Centre</li> <li>• Ensure you have assessed the client virtually or in-person prior to making the request           <ul style="list-style-type: none"> <li>○ Please provide a description of the assessment, including symptoms</li> </ul> </li> </ul> <p><b>Testing Criteria:</b></p> <p><input type="checkbox"/> Symptomatic patient</p> <p><input type="checkbox"/> Asymptomatic patient → Indication: _____</p> <ul style="list-style-type: none"> <li>• Ensure patient meets Provincial Testing Guidelines:  <a href="http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_guidance.pdf">http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_guidance.pdf</a></li> </ul>	<p><b>Additional Comments:</b></p> <p><input type="checkbox"/> CPP attached</p> <p><b>Assessment (if requesting mobile test):</b></p>  
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Referring Provider's Signature

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Date (yyyy/mm/dd)