



**ELKIE ADLER MULTIPLE SCLEROSIS CLINIC**  
Baycrest - Kimel Family Building  
3560 Bathurst St., Main Floor, Toronto, ON M6A 2E1  
Telephone: (416) 784-3600 Fax: (416) 784-5600

**REQUEST FOR REHABILITATION CONSULTATION**

**Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
home cell work

**Date of Birth:** \_\_\_\_\_ **Gender:** M / F

**Health Card Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
home cell work

**Diagnosis and Type of MS:** \_\_\_\_\_

**PLEASE INCLUDE ALL MEDICAL AND REHAB REPORTS**

**Reason for Referral:**

- Occupational Therapy
- Physiotherapy
- Speech-Language Pathology
  - Swallowing
  - Communication

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_

**Billing number:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**Please fax your referral to (416) 784-5600**

**IMPORTANT NOTICE ON CONFIDENTIALITY:**

Thank you for your referral to the Elkie Adler Multiple Sclerosis Clinic at Baycrest. The contents of this fax transmission contain confidential information intended for the person(s) named above. Any copying, disclosure or distribution is strictly prohibited. In the event that this fax was received in error, please notify us immediately at 416-784-3600 and destroy this document.

**Leaders in Innovative Rehabilitation**