



KINGSTON ORTHOPAEDIC PAIN INSTITUTE  
800 John Marks Avenue  
Kingston, ON, K7K 0J7  
P:613-507-7246 F:613-344-1203

**Sports Medicine, Orthopedic Surgery, and Concussion Clinic:**

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

Date of referral: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Contact#: \_\_\_\_\_

Patient HC#: \_\_\_\_\_

Patient Address: \_\_\_\_\_

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**Referral To:**

Sports Medicine

Orthopedic Surgery

Concussion Clinic

**Reason for Referral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Imaging findings:**

X-ray

US

CT

MRI

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Physician:

Billing #:

\_\_\_\_\_

\_\_\_\_\_

-Please attach all relevant imaging reports and consult notes to referral.

-Please note that if this referral is more appropriate for the chronic pain clinic, it will be triaged as such.

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