St. Joseph's Healthcare Hamilton
FIRH Firestone Institute for Respiratory Health
McMaster University HEALTH SCIENCES

THE FIRESTONE INTERSTITIAL LUNG DISEASE PROGRAM

St. Joseph's Hospital Hamilton - 50 Charlton Avenue East, Hamilton, ON L8N 4A6

PHONE: 905-522-1155 ext. 36704 FAX: 905-529-6515

REFERRAL FORM

☐ First Available ***Urgent referrals will be triaged to first available physician***

☐ Gerard Cox, MB ☐ Nathan Hambly, MD ☐ Martin Kolb, MD

Daniel Vermunt, PA Sarah Goodwin, RT

REFERRING PROVIDER			
Referring Provider Name		Fax Number	
Date of request		Billing #	
PATIENT DEMOGRAPHICS			
Patient Name			
DOB (dd/mm/yyyy)		Health Card #	
Telephone:		Alternate Contact	
Address:			
Family Physician:			
ILD REFERRAL INFORMATION			
Type of Referral:	☐ Urgent	☐ Semi-Urgent	☐ Routine
Brief history and reason for referral:			
Please include the following information with the referral:			

- ☐ Patient demographics
- ☐ Relevant past medical history and current medication list
- ☐ HRCT Chest
- ☐ PFT
- ☐ Recent autoimmune bloodwork if completed

eConsult Availability: If you feel that this referral would be best reviewed via the Ontario eConsult Program, please send the referral through OTNhub. You can find information and instructions here: https://econsultontario.ca/health-professionals/

Please fax completed referral to (905) 529-6515

** The fax number provided is for referrals only and not for longitudinal correspondence. **