ARTHRITIS & INJURY CARE
BRACING & ORTHOTICS

Specialist Consultation Request

Patient Information ❒ Male ❒ Female	**Referring Professional**
Name	Name
Date of Birth (M/D/Y)	Fax #
Home # Cell #	Phone #
Health Card #	Clinic Address
Address	Request Date

Provider Preference (optional): Referrers may indicate a preferred physician; however, **please note that we may not always be able to accommodate specific requests**. All referrals are **triaged** based on clinical indication, provider scope, and current wait times to ensure the most appropriate and timely care.

Physicians (*optional/not guaranteed*):	**Specialists:**
❒ Dr. Christopher Johnston, Sports Medicine Physician (HRM)	❒ Dr. Samir Ouizi, Certified Podiatrist *(Clayton Park & Dartmouth)*
❒ Dr. Jacquelyn Corkum, Sports Medicine Physician *(Halifax only)*	❒ Rihab Ouni, Certified Podiatrist *(Halifax & Clayton Park)*
❒ Dr. Philip Burton, Orthopaedic Consultant *(New Minas only)*	❒ Andy Hoar, Certified Pedorthist *(Halifax & Clayton Park)*
❒ Dr. Joe Amirault, Orthopaedic Consultant *(Clayton Park only)*	❒ Russell Cattoor, Certified Pedorthist *(New Minas & Clayton Park)*
❒ Dr. Makena Mbogori, Orthopaedic Consultant *(New Minas/HRM)*	❒ Doug Iwasaki, Certified Orthotist *(Halifax only)*
❒ Dr. Dash Duncan, Sports Medicine Physician *(HRM)*	❒ Certified Orthopaedic Bracing Specialist *(All clinic locations)*
❒ Dr. Rosie Mullins, Sports Medicine Physician *(Dartmouth only)*	❒ **Other, please indicate:**

Preferred Location (*optional/not guaranteed*): If you have a preferred clinic location, you may note it below. While we will do our best to honour preferences, appointments are scheduled according to provider availability, indication, and wait times.

❒ **Downtown Halifax**	❒ **Clayton Park**	❒ **Dartmouth**	❒ **New Minas**
Park Lane Mall 1554 Dresden Row, Suite 3070 Halifax, NS B3J 2K2	Ravine Centre One 36 Solutions Drive, Suite 105 Clayton Park, NS B3S 1N2	Millstone Square at Russell Lake 250 Baker Drive, Suite 124 Dartmouth, NS B2W 6L4	21 Roy Avenue, Suite 140 New Minas, NS B4N 3C6

Patient Diagnosis

Reason For Referral

Past Medical History

Medications	**Allergies**

MD/NP Signature

Please attach all related imaging and pertinent documents and fax referral to 902-442-5625.

Arthritis & Injury Care Centre - P#: 902-442-5199 | contact@arthritisandinjurycare.com
Maritime Sport Medicine [Sport Medicine Office] - P#: 902-407-8927 | doctor@arthritisandinjurycare.com
WWW.ARTHRITISANDINJURYCARE.COM

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