Gericke Nesbitt
Regenerative Medicine
Halton Hyperbarics

3075 Hospital Gate, Suite 100, Oakville, Ontario L6M 1M1, Canada
Tel: 437-291-8555. Toll free: 1-855-930-HBOT. Fax: 1-289-351-3036

PATIENT INFORMATION

Name:_____
First Middle Last

Date of birth:_____ Sex: Male___ Female___ Other___
Day Month Year

Address:_____

Phone numbers:_____ _____ _____
Home Office Mobile

REFERRING PHYSICIAN

Name:_____ Billing number_____

CPSO number_____ Signature_____

REASON FOR HYPERBARIC OXYGEN THERAPY REFERRAL (Please check applicable box)

☐ **Wound (non-healing)**
__ Diabetic foot ulcer
__ Complex wound

☐ **Skin grafts and flaps (non-healing)**
__ Compromised

☐ **Osteomyelitis**

☐ **Delayed Radiation Injury**
__ Radiation proctitis/enteritis
__ Radiation cystitis
__ Osteoradionecrosis
__ Other

☐ **Decompression sickness**

☐ **Carbon Monoxide Poisoning**

☐ **Sudden Sensorineural Hearing Loss**
__ Date of diagnosis_____
__ Corticosteroid Therapy: yes___no__

☐ **Traumatic Injury**
__ Crush injury
__ Compartment Syndrome
__ Frostbite

☐ **Thermal Burn**

☐ **Necrotizing Soft Tissue Infection**

☐ **Gas Gangrene**

☐ **Intracranial Abscess**

☐ **Air Embolism**

☐ **Other** (please specify)

ADDITIONAL INFORMATION/ MEDICAL HISTORY: _____

_____

Fax referral to 289-351-3036 or **Submit online** at https://gericke-nesbitt.inputhealth.com/ereferral