



**Lakeridge
Health**

Infectious Disease Clinic

1 Hospital Court, OSHAWA

Telephone: 905-576-8711 x38002 Fax: 905-721-4877

Hours of operation: Monday to Friday 0800 to 1600

CLINIC EXCLUSIONS:

- HIV Including PrEP, PEP, Hep B/C, Syphilis – **Referrals to be sent to Positive Care Clinic**
- STIs
- Suspicion of Lyme disease with negative serologies
- Parasitosis with negative O&P
- Paediatrics (less than 16 years of age)
- ID emergencies – please obtain consult from ID on-call (e.g. *S. aureus* bacteremia, necrotizing fasciitis, meningitis, malaria)

APPOINTMENT DATE: _____

TIME: _____

☐ Instructions for ID Clinic provided to patient

REASON FOR REFERRAL:

The reason for ID referral has been discussed with the patient

☐ YES ☐ NO

Would this patient have been referred for admission if not referred to this clinic?

☐ YES ☐ NO

Referring Physician (Print Name)

Referring Physician Billing No.

Referring Physician (Signature)

Date

****ER: Fax referral along with ED record and list of medications/allergies**

****Inpatient units: Enter order through OE only**

White copy to patient; yellow copy to LH chart

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☐ Harmonized

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