UHN Toronto General Hospital

Tropical Disease Unit

ADDRESSOGRAPH

RAPID ASSESSMENT
Fever in the Returned Traveller

FAX TO: 416-340-3260

PLEASE SEND PATIENT TO THE TROPICAL DISEASE UNIT [TGH] 13TH FLOOR NORTH ROOM 1350 WITH A COPY OF THIS REFERRAL IN ADDITION TO THE ONE FAXED.

PLEASE ADVISE THAT PATIENTS WILL BE ACCOMMODATED WITHIN OUR REGULARLY SCHEDULED CLINICS AND MAY NEED TO WAIT FOR AN AVAILABLE PHYSICIAN.

Referring Doctor: _____ **Billing #:** _____

Date: _____ / _____ / _____ **Time of Discharge:** _____
DD MM YY

Summary of travel history, physical findings, and management:

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**** PLEASE BRING HOSPITAL BLUE CARD AND OHIP (HEALTH) CARD TO THE CLINIC****