



**MEADOWBROOK**  
COUNSELLING & HEALTHCARE  
ASSOCIATES

**Dr. P. Lo Medicine Professional Corporation**

Patrick Lo, MD, MDiv, FRCPC(C)  
203-6633 Highway 7 East, Markham ON L3P 7P2  
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**Referral Source Name:** \_\_\_\_\_

**Referral Source Phone:** \_\_\_\_\_

**Referral Source Fax:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Patient D.O.B. & Age:** \_\_\_\_\_

**Patient Phone:** \_\_\_\_\_

**Patient Alternate Contact Info.:** \_\_\_\_\_

**Referral Source Billing Number:** \_\_\_\_\_

**Patient OHIP # :** \_\_\_\_\_

Would you like us to contact the patient to set up the appointment? Yes \_\_\_\_ No \_\_\_\_

If so, is it o.k. to leave a message when we call if they are not home? Yes \_\_\_\_ No: \_\_\_\_

If not, please provide instructions: \_\_\_\_\_

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**Presenting Concern:**

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**Please note that Dr. Lo can only provide one-time consultation assessment**