

Mississauga COVID, Cold and Flu Care Clinic

@ CarePoint Health

2695 North Sheridan Way Suite #120

Mississauga, ON L5K 2N6

Phone: 905-361-1448

Fax: 905-785-8360

@ Mississauga Medical Arts

5010 Glen Erin Drive (inside Loblaws)

Mississauga, ON L5M 6J3

Phone: 905-288-5900

Fax: 289-726-2525

@ Pearl Medical Clinic

3176 Ridgeway Dr. Unit #58

Mississauga, ON L5L 5S6

Phone: 647-948-8432

Fax: 1-855-647-1324

This clinic will see patients who screen positive for symptoms compatible with COVID-19 and provide assessment, testing and treatment as required. We do not accept walk-ins, asymptomatic patients or patients who have recently had a negative COVID-19 swab and have a family physician. We do not see patients younger than 1 year old.

PLEASE INCLUDE THE MOST UP TO DATE CONTACT INFORMATION FOR PATIENT, ALSO INCLUDE A COPY OF THE PATIENT'S CPP IF AVAILABLE

NAME: _____
DOB: _____
PREFERRED CONTACT#: _____
HEALTH CARD#: _____

PLACE PATIENT LABEL HERE WITH MOST UP TO DATE INFORMATION

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Fever of 37.8 degrees or higher | <input type="checkbox"/> Myalgias |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Sore throat and/or pain swallowing |
| <input type="checkbox"/> Cough (new or worsening) | <input type="checkbox"/> Change or loss of sense of taste/smell |
| <input type="checkbox"/> Nausea/Vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Fatigue, lethargy, malaise | <input type="checkbox"/> Decreased or lack of appetite |

COVID-19 Vaccination Status: One dose only Two doses Not Vaccinated

Additional Comments:

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IMPORTANT INFORMATION NEEDED TO COMPLETE REFERRAL:

PROVIDER'S FULL NAME: _____ Billing # _____

OFFICE PHONE: _____ BACKLINE or CELL PHONE _____

Fax: _____ OFFICE ADDRESS: _____

