

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

These clinics will see patients who screen positive for symptoms compatible with acute COVID-19, URI or influenza and provide assessment, testing (consistent with Provincial testing guidance) and treatment as required.

We do not accept walk-ins or asymptomatic patients and we cannot see patients younger than 1 year old

PLEASE COMPLETE FULL REFERRAL AND 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#: _____
FAMILY PHYSICIAN: _____

PLACE PATIENT LABEL HERE WITH MOST UP TO DATE INFORMATION

Date of onset of symptoms: _____ Date of COVID Diagnosis (if applicable): _____

Symptoms (please check all that apply):

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

Vaccination Status:

Three Vaccine Doses Two Vaccine Doses One Vaccine Dose Zero Vaccine Doses

Additional Comments:

IMPORTANT INFORMATION NEEDED TO COMPLETE REFERRAL:

PROVIDER'S FULL NAME: _____ Billing # _____

OFFICE PHONE: _____ BACKLINE or CELL PHONE _____

Fax: _____ OFFICE ADDRESS: _____

