



ResolveMedicine

SPECIALISTS IN GENERAL INTERNAL MEDICINE

Referral Form

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Calgary, AB T2Y-6G2
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CLINIC PHYSICIANS

- Dr. Michael Bosch
- Dr. Kate Colizza
- Dr. Anita Dey
- Dr. Mike Fisher
- Dr. Rameez Kabani
- Dr. Parabhdeep Lail
- Dr. Dave Low
- Dr. Tania Pannu
- Dr. Troy Pederson
- Dr. Jeff Shrum
- Dr. Ben Wilson

PATIENT INFORMATION OR LABEL

Name			
Gender			
DOB		AHC/PHN	
(DD-Mon-YYYY)			
Phone			
Email			
Address			
City			
Province		Postal Code	
Does the patient have Out of Province insurance?			

REFER TO

- ☐ First Available
- ☐ Specific Physician:

PHYSICIAN INFO OR CLINIC STAMP/PRAC ID#

Referring MD	
Practitioner ID #	
Phone Number	
Fax Number	
<input type="checkbox"/> MD Phone Consult. Preferred contact number:	
Unique considerations contacting patient? (Language, cognition, caregiver, access or does patient travel via Access Calgary?)	
Family GP (if different than referring physician):	

TYPE OF CONSULTATION REQUIRED

- | | |
|--|--|
| <input type="checkbox"/> Urgent Assessment | <input type="checkbox"/> Diagnostic Uncertainty and Guiding Medical Investigations |
| <input type="checkbox"/> Hospital Discharge Follow-Up | <input type="checkbox"/> Weight Management or Post-bariatric Surgery Care |
| <input type="checkbox"/> De-prescribing and Editing Medical Care | <input type="checkbox"/> Ambulatory Blood Pressure Monitor with Consultation |
| <input type="checkbox"/> General Internal Medicine Consultation | <input type="checkbox"/> Ambulatory Blood Pressure Monitor without Consultation |
| <input type="checkbox"/> Thrombosis and Anticoagulation | <input type="checkbox"/> Peri-operative or Procedure Management/Assessment |
| <input type="checkbox"/> Complex Medical Management | <input type="checkbox"/> Vascular Risk Assessment and Management |

QUESTION FOR CONSULTANT

Attach relevant history, medication lists, or other documentation.

Please note referrals are only accepted from physicians. We are currently not accepting referrals for fatigue or long-COVID.