

SPECIALISTS IN GENERAL INTERNAL MEDICINE

## **Referral Form**

Suite 120, 2850 Sunridge Blvd. N.E. Calgary, AB TIY-6G2 Phone: 1 (825) 540-4070 Fax: 1 (825) 540-4071

| CLINIC PHYSICIANS  |  |   | REFER TO  |
|--|--|---|---|
| <ul><li>Dr. Kate Colizza</li><li>Dr. Anita Dey</li><li>Dr. Tan</li></ul>   | <ul><li>a Pannu</li><li>Dr. Aks</li><li>Pederson</li><li>Dr. Chr</li></ul> | Wilson<br>on Taylor<br>hatha Raghuveer<br>is Oleynick | First Available  Specific Physician:  |
| PATIENT INFORMATION OR LABEL   |  |   | PHYSICIAN INFO OR CLINIC STAMP/PRAC ID#   |
| Name  Gender  DOB  (DD-Mon-YYYY)  Phone  Email  Address  City  Province  Does the patient have Out of Province   | AHC/PHN  Postal Code  nce insurance?                                       |   | Referring MD  Practitioner ID #  Phone Number  Fax Number  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 REC   | QUIRED   |   |   |
| Urgent Assessment  Hospital Discharge Follow-U  De-prescribing and Editing N  General Internal Medicine Co  Thrombosis and Anticoagula  Complex Medical Management | Medical Care<br>onsultation<br>ation                                       | Weight N Ambulate Medication Peri-ope                 | ic Uncertainty and Guiding Medical Investigations  Management or Post-bariatric Surgery Care ory Blood Pressure Monitor with Consultation on-Resistant Hypertension (2 or More Meds) rative or Procedure Management/Assessment Risk Assessment and Management                             |
| QUESTION FOR CONSULTAN   | т  | Attach re   | elevant history, medication lists, or other documentation.  |