

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
 Dr. Kate Colizza Dr. Dave Low Dr. Tania Pannu 		Dr. Ben WilsonDr. Simon TaylorDr. Akshatha RaghDr. Chris Oleynick	uveer	First Available Specific Physician:	
PATIENT INFORMATION OR LABEL					PHYSICIAN INFO OR CLINIC STAMP/PRAC ID#
Name					Referring MD
Gender					Practitioner ID #
DOB (DD-Mon-YYYY)		AHC/PHN			Phone Number
Phone					Fax Number
Email					MD Phone Consult. Preferred contact number:
Address					
City					Unique considerations contacting patient?
Province		Postal Code			(Language, cognition, caregiver, access or does patient travel via Access Calgary?)
Does the patient have Out of Province insurance?					
					Family GP (if different than referring physician):
TYPE OF CONSULTATION REQUIRED					
Urgent Assessment Hospital Discharge Follow-Up				_	stic Uncertainty and Guiding Medical Investigations
De-prescribing and Editing Medical Care			Weight Management or Post-bariatric Surgery Care Ambulatory Blood Pressure Monitor with Consultation		
General Internal Medicine Consultation			Medication-Resistant Hypertension (2 or More Meds)		
Thrombosis and Anticoagulation			Peri-operative or Procedure Management/Assessment		
Complex Medical Management			Vas	cular	ar Risk Assessment and Management
QUESTION FOR CONSULTANT			Att	ach re	relevant history, medication lists, or other documentation.