

MULTI-DISCIPLINARY REFERRAL FORM

PAST HISTORY

- | | |
|---|---|
| <input type="checkbox"/> Alcohol Overuse | <input type="checkbox"/> Liver Dysfunction |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Lipid Abnormality |
| <input type="checkbox"/> Arrhythmia: Atrial Fib | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Arrhythmia: Other | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Periph. Vas. Disease |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Renal Dysfunction |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Tuberculosis (T. B.) |
| | <input type="checkbox"/> Other |

Comments on past history: _____

- REFERRED TO:
- | | |
|--|--|
| <input type="checkbox"/> Specialist | <input type="checkbox"/> NP |
| <input type="checkbox"/> Family Physician | <input type="checkbox"/> Ophthalmologist |
| <input type="checkbox"/> Diabetic Team | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Respiratory services | <input type="checkbox"/> Alternative Therapies |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Tuberculosis (T. B.) |
| <input type="checkbox"/> Children's Kinsmen Centre | <input type="checkbox"/> Dietitian |
| | <input type="checkbox"/> Other |

DATE: _____

REASON FOR REFERRAL: _____

PLEASE SEE ATTACHED
PAGES FOR:

- Current Medication List
- Recent Lab Results
- ECG
- Diagnostic Test Results
- Referral Letters
- Transportation Requirements
- Other

2009. These materials were developed by the Clinical Subcommittee of the Chronic Disease Network and Access Program of the Prince Albert Grand Council and its partners and funded by Aboriginal Health Transition Fund.

Patient Name _____

HSN # _____

DOB _____

TREATY # _____

ADDRESS _____

PHONE # _____

ALT # _____

TO: _____

Phone: _____ Fax: _____

FROM: _____

PLEASE SEND RESULTS OF CONSULT INCLUDING TEST
RESULTS TO:

COMMUNITY CONTACT INFORMATION