

STCH Community Interdisciplinary Consultation Form

Fax completed forms to appropriate area.

Form must be completed in entirety before referral can be accepted

Incomplete forms will be returned

(Please print)

Patient Name:		Primary Phone:
DOB	PHN	Secondary Phone:
Parent / Guardian Name:		Leave Message <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
Family Physician:		Referring Provider: & Pracid ID
WCB <input type="checkbox"/> No <input type="checkbox"/> Yes	Interpreter Required: <input type="checkbox"/> No <input type="checkbox"/> Yes (Language)	

Consult to: Ambulatory Care Fax: 780-467-9829

<input type="checkbox"/> Surgery Dr. Juta / Dr. Mapiour	<input type="checkbox"/> Fracture Follow-up Clinic	<input type="checkbox"/> Geriatric NP Clinic
<input type="checkbox"/> Infectious Disease / Internal Medicine Dr. King	<input type="checkbox"/> Orthopedic- MSK Clinic Dr. Thambiraj *No Chronic Back Pain	<input type="checkbox"/> Rheumatology Clinic Dr. Soo
<input type="checkbox"/> Pediatric Consult Clinic Dr. Estrabillo Include parent or guardian contact information	<input type="checkbox"/> Otology Clinic Dr. Gomaa Hearing test to accompany referral	

Consult to: Allied Health Fax: 780-342-3554

<input type="checkbox"/> OT Splinting (Upper Extremity Only)	<input type="checkbox"/> Complex Case Ortho Physiotherapy
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Addiction & Mental Health This form is not accepted as a referral!

Addiction & Mental Health 24 hr Adult Urgent Support #: 780-342-7777 To book a Screening Appointment call: 780-342-3373 +/ or Fax 780-342-3649	Children, Youth & Families Addiction & Mental Health Intake Services 780-342-2701 Crisis Line 780-427-4491 08:00-23:45 M-F & 10:00-23:45 Wknds & Stat Holidays
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Reason for consult:

Ortho / Fracture - history of injury

Treatment provided, including casting / splinting

Additional information attached