Primary Care Network
SHERWOOD PARK
STRATHCONA COUNTY

PCN
Specialist Referral Form

Sherwood Park PCN, 108-150 Broadway Crescent, Sherwood Park, AB T8H OV3 Fax: (780) 416-0139

Urgent Referral? Yes ☐ No ☐

Name of Parent/Caregiver: _____

Phone: _____

Patient Label

REASON FOR REFERRAL

If you have any questions or concerns contact your assigned referral coordinator.

ALYSON: 780-410-8055
JACKIE: 780-410-8029
KELLY: 780-410-8022
PAT: 780-410-8002
TANYA: 780-410-8226
TERESA: 780-410-8053

Please check the specialty you would like your patient referred to:

- ☐ Allergy
- ☐ Cardiology
- ☐ Dermatology
  - EMG Testing:
    - ☐ Phys Med ***OR***
    - ☐ Neurology
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ General Surgery
- ☐ Hematology
- ☐ Internist
- ☐ Nephrology
- ☐ Neurology
- ☐ Neurosurgery
- ☐ OB/GYN
- ☐ Ophthalmology
- ☐ Ortho Surgery
- ☐ Otolaryngology
- ☐ Pediatrics
- ☐ Phys Med
- ☐ Plastic Surgery
- ☐ Respirology
- ☐ Rheumatology
- ☐ Urology
- ☐ Vascular Surg

Please specify which SPECIALIST/ LOCATION/ HOSPITAL you or your patient prefer:

OR NEXT AVAILABLE ☐

HISTORY & REFERRAL SPECIFICS

Fax All Referrals To: 780-416-0139

Physician Information

Referred by (PLEASE PRINT): _____

Date of Referral: _____ **Physician signature:** _____

Phone: _____ **Prac ID:** _____

Updated – Mar. 2019

****Referrals that are received without the required investigations will be returned and not processed until all information is completed.****