

## Specialty & Specialist Referral Form

Sherwood Park PCN, 108-150 Broadway Crescent, Sherwood Park, AB T8H 0V3 Fax: (780) 416-0139

**Urgent Referral?** Yes  No

**Name of Parent/Caregiver:**

**Phone:**

Patient Label

REASON FOR REFERRAL	HISTORY & REFERRAL SPECIFICS																						
<p><b>If you have any questions or concerns contact your assigned referral coordinator.</b></p> <p><b>ALYSON: 780-410-8055</b>  <b>JACKIE: 780-410-8029</b>  <b>PAT: 780-410-8002</b>  <b>TERESA: 780-410-8053</b></p>																							
<p><b>Please check the specialty you would like your patient referred to:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Allergy</td> <td><input type="checkbox"/> OB/GYN</td> </tr> <tr> <td><input type="checkbox"/> Cardiology</td> <td><input type="checkbox"/> Ophthalmology</td> </tr> <tr> <td><input type="checkbox"/> Dermatology</td> <td><input type="checkbox"/> Ortho Surgery</td> </tr> <tr> <td><input type="checkbox"/> Endocrinology</td> <td><input type="checkbox"/> Otolaryngology</td> </tr> <tr> <td><input type="checkbox"/> Gastroenterology</td> <td><input type="checkbox"/> Pediatrics</td> </tr> <tr> <td><input type="checkbox"/> General Surgery</td> <td><input type="checkbox"/> Phys Med (EMG)</td> </tr> <tr> <td><input type="checkbox"/> Hematology</td> <td><input type="checkbox"/> Plastic Surgery</td> </tr> <tr> <td><input type="checkbox"/> Internist</td> <td><input type="checkbox"/> Respiriology</td> </tr> <tr> <td><input type="checkbox"/> Nephrology</td> <td><input type="checkbox"/> Rheumatology</td> </tr> <tr> <td><input type="checkbox"/> Neurology/EMG</td> <td><input type="checkbox"/> Urology</td> </tr> <tr> <td><input type="checkbox"/> Neurosurgery</td> <td><input type="checkbox"/> Vascular Surg</td> </tr> </table>		<input type="checkbox"/> Allergy	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Ortho Surgery	<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Phys Med (EMG)	<input type="checkbox"/> Hematology	<input type="checkbox"/> Plastic Surgery	<input type="checkbox"/> Internist	<input type="checkbox"/> Respiriology	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Rheumatology	<input type="checkbox"/> Neurology/EMG	<input type="checkbox"/> Urology	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Vascular Surg
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<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Vascular Surg																						
<p><b>SPECIALTY CLINICS HELD AT SHERWOOD PARK PCN:</b></p> <p>Please contact <b>ANDREA</b> at 780-410-8012 for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>EMG TESTING</b> (Dr. Neil Pandya)</li> <li><input type="checkbox"/> <b>GENERAL SURGERY</b> (Dr. Omar Farooq)</li> <li><input type="checkbox"/> <b>NEUROLOGY</b> (Dr. Neil Pandya)</li> <li><input type="checkbox"/> <b>ORTHOPEDIC</b> (Dr. Joshua Thambiraj)</li> </ul> <p>Please contact <b>CHARLOTTE</b> at 780-410-8051 for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>DERMATOLOGY</b> (Dr. Chuck Lortie)</li> </ul> <p>Please contact <b>SUSAN</b> at 780-410-8022 for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>CARDIOLOGY</b> (Edmonton Cardiology Consultants)</li> <li><input type="checkbox"/> <b>DERMATOLOGY</b> (Dr. Patricia Lee)</li> <li><input type="checkbox"/> <b>PAIN CLINIC</b> (Dr. Yeng Chang)</li> <li><input type="checkbox"/> <b>PLASTIC SURGERY</b> (Dr. Diana Wong)</li> </ul>																							
<p><b><i>Fax All Referrals To: 780-416-0139</i></b></p>																							
<p><b>Physician Information</b></p>																							
<p><b>Referred by (PLEASE PRINT):</b> _____</p>																							
<p><b>Date of Referral:</b> _____</p>	<p><b>Prac ID:</b> _____</p>																						
<p><b>Phone:</b> _____</p>	<p><b>Physician signature:</b> _____</p>																						