Date of Birth: DD/MMM/YYY City: Home Phone: REFERRING PRACTITIO Family Doctor Nurse Practitioner Specialist Midwife	Prov: Work Phor		PHN: Cell Phone:	
REFERRING PRACTITION Family Doctor Nurse Practitioner Specialist	Work Phor	ne:		
REFERRING PRACTITION Family Doctor Nurse Practitioner Specialist	ONER & CLINIC		Cell Phone:	
Family DoctorNurse PractitionerSpecialist				
Nurse Practitioner Specialist		INFORMATION:		
3 Specialist	Name:			
	MSP:			
☐ Midwife	Phone:			
	Fax:			
REFERRAL TO:				
Next available Internist	Bron	nchoscopy		
Specific Dr. (please give r	eason in referral in	fo)		
s patient willing to travel to	Cranbrook, or wou	ald they prefer to be	seen in a travelling cli	nic near/in their hor
ommunity, which may nece	essitate a longer wa	ait? Cranbro	ok 🗆 Travelling o	clinic (not guarantee
REASON FOR REFERR				nformation not on
Meditech such as PMHx, prescr			ventions.	
REFERRAL INFORMATION	ON (or attach not	e):		
*Note, referrals for bronchoscopie	es will be accepted on to	his form, but may receive	a consult first. Rone marro	ows require a consult fire
Referrals to the Heart Function Cl	linic, Diabetes Clinic, Re	spirology Clinic, TIA Clinic	and for stress tests will be	rejected They should s
be submitted via their respective	referral forms.	epirology clime, 121 clim	and for saless tests will be	rejected. They should st
Referring Physician Signature	:		Date:	
IM Physician Triage: Triaging Dr			Date:	
		 Urgency:	Dutc.	
		orgency:		
TRIAGE NOTES:				

Updated: January 13 2023