



General Referral Form

Instructions	Next Steps
1. Fill out as many fields below as possible 2. Attach relevant documents (e.g., medical history) 3. Submit by: <ol style="list-style-type: none"> Fax: 1-866-229-3779 Secure e-mail: https://medinetmail.ca/cgi-bin/pharmclinic/pc_signup.cgi?appttype=CU 4. Inform patient that a referral was submitted	1. Patient will be contacted directly to book their appointment 2. Patient will receive follow-up information by e-mail 3. Referring person will receive confirmation of patient appointment within 1-2 weeks

Referred By

Name	Organization/Clinic Name
Phone	Fax

Patient Information

Name	Gender	Pronouns
Address (number, street, city, province, postal code)		
Personal Health Number	Date of Birth (D/M/Y)	
Phone	Email Address	
Community Pharmacy (name, location, phone)		

Reasons for Referral

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Send a Copy of Consultation Report to...

Name	Phone	Fax