



# REFERRAL FORM

ENT Clinic

DR. PETER MCARTHUR, MD FRCS(C) FACS     DR. JESSICA CLARK, MD, MSC, FRCSC

Edmonton Comprehensive Care & Family Medicine

110, 6925 Gateway Blvd NW

Edmonton, AB T6H 2J1

P: 780-306-5656    F: 780-306-5757

FAX ONLY COMPLETED FORMS TO 780-306-5757.

<b>PATIENT INFO</b>	Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
	Address:		City & Province:	Postal Code:
	Best Contact Phone Number:			
	Alberta Health Care:		Date of Birth:	
<b>REFERRING PHYSICIAN INFO</b>	Name:		Practitioner ID:	Specialty:
	Address:		City & Province:	Postal Code:
	Phone:	Fax:	Email:	
<b>FAMILY PHYSICIAN INFO</b>	Name:		Practitioner ID:	
	Address:		City & Province:	Postal Code:
	Phone:	Fax:	Email:	

<b>REFERRAL INFORMATION</b>	
<b>REASON FOR REFERRAL</b>	<input type="checkbox"/> general otolaryngology      Other: _____ <input type="checkbox"/> laryngology <input type="checkbox"/> otology / neurotology <input type="checkbox"/> sleep/snoring
<b>PATIENT MEDICAL HISTORY</b>	
<i>If known: past medical history, surgical history, medications, allergies, family history, current medication</i>	

REFERRING MD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_