INFINITY MEDICAL
SPECIALISTS CLINIC INC.

Vancouver's first collaborative medical specialists clinic providing community-based, publicly funded patient services

Unit #201 – 2460 Commercial Drive
Vancouver, BC V5N 4B9
(Next to Commercial-Broadway Skytrain Station)

Phone: 778-379-IMSC (4672) / Fax: 778-379-4670
Email: info@infinitymedical.ca
Website: www.infinitymedical.ca

REFERRAL FORM

Referral Date:	**Patient Name:**		**Gender:** ☐ **M** ☐ **F** ☐ **Other**
Referring Physician:		**DOB:**	**PHN:**
MSP:	**Signature:**	**Address:**	
Clinic Phone:	**Clinic Fax:**	**Home Phone:**	**Cell:**
Copy reports to:		**Contact Person:**	**Language(s):**

REFERRAL FOR CONSULTATION:

- ☐ **Cardiology** - *Dr. C. Young*
- ☐ **General Internal Medicine** - *Dr. A. Kang, Dr. Yuanyuan Liu (Ella)*
- ☐ **Hypertension Clinic**
  Please select one: Dr. M. Wong, Dr. A. Kang
- ☐ **Nephrology** - *Dr. M. Wong*
- ☐ **Physical Medicine and Rehabilitation** - *Dr. E. Kwong*
- ☐ **Respirology** - *Dr. J. Chou*
- ☐ **Rheumatology** - *Dr. F. To*

REFERRAL FOR DIAGNOSTICS:

- ☐ **ECG**
- ☐ **Holter Monitor**
- ☐ **Exercise Stress Test (EST)**
  - ☐ *Consult MD if high risk features shown on EST*
- ☐ **Spirometry:**
  - ☐ *pre-bronchodilator* ☐ *pre- & post-bronchodilator*
  - ☐ *Consult MD if ≥ moderate obstruction shown on test*
- ☐ **Home Sleep Apnea Test:**
  *Administered by Medpro Respiratory Care Vancouver Office, an accredited HSAT facility.
  Please fill out the approved HSAT requisition:
  http://www2.gov.bc.ca/assets/gov/health/forms/1944fil.pdf
  - ☐ *Consult MD if ≥ moderate-severe OSA shown on study*

Urgency of Referral: ☐ **Urgent** [within 2 weeks]* ☐ **Semi-urgent** [within 2-4 weeks]* ☐ **Routine**

*Every effort will be made to adhere to the above timeline.

Clinical Question:

Please fax referral to: **778-379-4670**

Please include **labs, imaging, other diagnostic reports and any relevant medical information** with the referral form. Please note that any incomplete referrals will be returned for completion.

A confirmation of referral will be sent to your office. The patient will be contacted for scheduling.

THANK YOU FOR THE REFERRAL