



**INFINITY MEDICAL
SPECIALISTS CLINIC INC.**

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

Phone: 778-379-IMSC (4672) / Fax: 778-379-4670

Email: info@infinitymedical.ca

Website: www.infinitymedical.ca

**Unit #205 - 234 W 3rd Ave.,
Vancouver, BC, V5Y 0P3**

REFERRAL FORM

Referral Date:		Patient Name:	
Referring Physician:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
MSP:	Signature:	DOB:	PHN:
Clinic Phone:	Clinic Fax:	Phone Number:	
Copy reports to:		Address:	
Clinic Stamp:		Email:	
		Primary Contact Name:	
		Contact Phone Number:	
		Relationship:	

REFERRAL FOR CONSULTATION:

REFERRAL FOR DIAGNOSTICS:

<input type="checkbox"/> General Internal Medicine - <i>Dr. A. Kang</i> * HTN * Cardiovascular Risk Assessment	<input type="checkbox"/> ECG
<input type="checkbox"/> Nephrology - <i>Dr. M. Wong</i> * Chronic Kidney Disease	<input type="checkbox"/> Holter Monitor
<input type="checkbox"/> Physical Medicine and Rehabilitation - <i>Dr. E. Kwong</i>	<input type="checkbox"/> Exercise Stress Test (EST)
<input type="checkbox"/> Respirology - <i>Dr. J. Chou</i>	<input type="checkbox"/> Spirometry: <input type="checkbox"/> <i>pre-bronchodilator</i> <input type="checkbox"/> <i>pre- & post-bronchodilator</i> <input type="checkbox"/> <i>Consult MD if ≥ moderate obstruction shown on test</i>

ONLY ROUTINE REFERRAL are accepted. Urgent and Semi-urgent referral cannot be accommodated at this time.

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