



United Health Centres

Your One Stop Health Centre

Suite 103, 7609 109 St, Edmonton, AB T6G 1C3

Phone: 780-761-9111

Fax: 780-761-9110

REFERRAL FORM

Patient Last Name:

Patient First Name:

PHN/ULI:

DOB (dd/mm/yyyy):

Address:

Contact Number:

Gender:

Email:

REFERRING PHYSICIAN INFORMATION

Physician Last Name:

Physician First Name:

Address:

Phone:

Fax:

REFER TO

- | | |
|--|---|
| <input type="checkbox"/> Obstetrics & Gynecology | <input type="checkbox"/> General Internal Medicine |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> General Surgeon | <input type="checkbox"/> Pain Management (Dr. Gerald) |
| <input type="checkbox"/> Botox/ Filler | <input type="checkbox"/> Cosmetic / Laser |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Acupuncture / Massage |
| <input type="checkbox"/> Dr. Bola, IUD, Pap, Implant | <input type="checkbox"/> Accepting New PTs (Dr. Gerald) |

REASON FOR REFERRAL

Signature: _____ DATE: _____