United Health Centres

Your One Stop Health Centre

Email: appointments@unitedhealthcentres.com

Website: www.unitedhealthcentres.com

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

St. Albert: #14A 11 Bellerose Dr
St. Albert, AB T8N 5C9
(Coming soon November 2026)

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

- ☐ Internal Medicine / Geriatrician (St. Albert)
  November 2026
- ☐ Internal Medicine (Virtual)
  Available Now
- ☐ ECG (Edmonton)
- ☐ Echo (Edmonton)

REASON FOR REFERRAL

Signature: _____ **DATE:** _____