

Specialist Consultation Request

PATIENT INFORMATION:

Name	
Date of Birth	
Phone 1	Phone 2
Health Card No.	
Address	

REFERRING PHYSICIAN:

Name		
Fax No.		
Phone No.		
Request Date		
Case Type	<input type="checkbox"/> WCB	<input type="checkbox"/> MVA
	<input type="checkbox"/> Community Services	<input type="checkbox"/> N/A

FOR SPECIALIST:	<input type="checkbox"/> Dr. Edward Abraham, Orthopaedic Consultant <i>(Downtown Halifax only)</i> <input type="checkbox"/> Dr. David Amirault, Orthopaedic Consultant <i>(Downtown Halifax only)</i> <input type="checkbox"/> Doug Iwasaki, Certified Orthotist <i>(Downtown Halifax only)</i>	<input type="checkbox"/> Dr. Jacquelyn Corkum, Musculoskeletal Specialist <input type="checkbox"/> Dr. Christopher Johnston, Musculoskeletal Specialist <input type="checkbox"/> Andy Hoar, Certified Pedorthist <i>(Downtown Halifax only)</i> <input type="checkbox"/> Other Please specify:
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PREFERRED LOCATION: **Please note some specialists ONLY see patients in Downtown Halifax**

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|---|--|---|
| <input type="checkbox"/> Dartmouth
Millstone Square at Russell Lake
250 Baker Drive,
Dartmouth, NS B2W 6L4 | <input type="checkbox"/> Clayton Park
Clayton Park Shopping Centre
278 Lacewood Drive
Halifax, NS B3M 3N8 | <input type="checkbox"/> Halifax
Downtown Halifax - Park Lane Mall
1554 Dresden Row, Suite 3070,
Halifax, NS B3J 2K2 |
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PATIENT DIAGNOSIS:

REASON FOR REFERRAL:

Past Medical History

Medications

Allergies

PHYSICIAN SIGNATURE: _____