## Patient Information

| Referring Doctor Clinic <br> stamp can be placed on far right. | MSP number: <br> Physician name: <br> Clinic information / fax: |
| :---: | :---: |
| Patient <br> Data <br> Clinic label can be placed on far right. | First name(s): <br> Last name(s): <br> Preferred name(s): <br> Legal gender (Male \| Female | Unspecified| Other): <br> Preferred pronouns: <br> DOB (YYYY-MM-DD): <br> PHN: |
| Patient <br> Contact Information <br> Please do not cover this section with any labels | Email: <br> Mobile number: <br> Address: <br> City: <br> Postal code: |

## Patient Referral

## Referring to

For more information about our physicians, those registered with pathways can view our clinic at https://pathwaysbc.ca/cli nics/318
(

## Injury

First Available Physician $\square$ (Referral mandatory)
Specific Sports Medicine Physician: (Referral mandatory)
Dr. Robert Drapala $\square \quad$ Dr. Michael Koehle $\square$
Dr. Donald McKenzie $\square$ Dr. Michael Orenstein $\square$
Dr. Robert Petrella $\square \quad$ Dr. Navin Prasad $\square$
Dr. Mark Roberts $\square \quad$ Dr. Ahmed El Sayed
IMS Physiotherapists (Referral not mandatory)
Ms. Lyndal Solomons $\square$ Ms. Joanne McBrinn $\square$
Performance Nutritionist (Referral not mandatory)
Mr. Alan Kenny $\square$
Date of injury (yyyy-mm-dd):
Is this a sports related injury: Yes $\square \mathrm{No} \square$
Is this an ICBC / WCB Case?
ICBC $\square$ WCB $\square$ Neither $\square$
WCB Claim Number (8 digits):
Urgency:
$\square$ Assessment within two weeks
$\square$ Assessment can occur after two week's time

## List the body part involved:

For multiple body parts / patient complaints, please send separate referrals.

## Relevant History:

