CHINOOK MEDICAL CENTRE
INTERNAL MEDICINE REFERRAL

Dr. Srinivasan Narasimhalu, MD, FRCPC

SECURE REFERRAL FAX
403-384-9798

Referral from a physician or nurse practitioner is required

Clinic: 403-384-9799

1. PATIENT INFORMATION

Legal last name | **Legal first name** | **Preferred name** | **PHN / ULI**

Date of birth (dd/Mon/yyyy) | **Sex / gender** | **Phone** | **Email**

Address | **City / postal code** | **Preferred language**

☐ Interpreter required ☐ Communication / accessibility needs

2. REFERRING PROVIDER

Physician / nurse practitioner | **PRAC ID** | **Referral date** | **Signature**

Clinic name | **Phone** | **Fax** | **Family physician (if different)**

3. REFERRAL REQUEST

Type of request

☐ Consultation ☐ Advice ☐ Co-management

Priority

☐ Urgent ☐ Semi-urgent ☐ Routine

Patient status

☐ Stable ☐ Worsening

Primary reason for referral

4. CLINICAL QUESTION AND SUPPORTING INFORMATION

Specific clinical question

Relevant history, duration, examination findings and vital signs

Current / previous management

Relevant medical / surgical history

Allergies

Other specialists / referrals

5. PRIMARY REFERRAL CATEGORY - SELECT ALL THAT APPLY

☐ Cardiovascular ☐ Respiratory ☐ Endocrine / metabolic ☐ GI / hepatology

☐ Renal / electrolyte ☐ Neurologic / cognitive ☐ Rheumatologic / MSK ☐ Hematologic

☐ Perioperative assessment ☐ Complex / multisystem ☐ Diagnostic clarification ☐ Other

6. SUPPORTING DOCUMENTS

☐ CPP ☐ Medication list + changes ☐ Labs within 3 months ☐ Imaging / ECG

☐ Prior consult reports ☐ Urgent care / ED notes ☐ Items not in Netcare ☐ Concurrent referrals

NOT FOR MEDICAL EMERGENCIES. Direct emergencies to the emergency department or call 911. Urgent referrals may require clinician discussion.