



PRISTINE HEALTH INC.

NE Branch: 109 – 3223 5th Ave. NE, Calgary AB. T2A 6E9. Tel: 403- 800-2234; Fax:403-800-2245
SE Branch: 108 - 11420 27 Street SE Calgary AB. T2Z 3R6. Tel: 403- 800-2242; Fax:403-800-2243

GENERAL CONSULT REQUEST FORM

Your Clinic Phone: _____

FAX COMPLETED REQUEST TO: **403-800-2245**

Your Clinic Fax: _____

Date: _____

PATIENT LABEL	REFERRING PROVIDER'S STAMP/DETAILS

Reason for Consult: (Please select at least one of the following)

Service Requested:	Preferred Clinic		NE	SE
<input type="checkbox"/> Allergy Testing and Immunotherapy	Priority		Urgent	Routine
<input type="checkbox"/> Skin Clinic				
<input type="checkbox"/> Hair loss clinic				
<input type="checkbox"/> Lumps & Bumps Clinic*				
<input type="checkbox"/> Procedural Pain Clinic (Please check one of the following)				
<input type="checkbox"/> Trigger Point Injections	<input type="checkbox"/> Intraarticular knee Injections			
<input type="checkbox"/> Medial/Lateral Epicondylitis	<input type="checkbox"/> Botox for Migraine			
<input type="checkbox"/> Psychiatry**	<input type="checkbox"/> Psychology (Fee for service)			
<input type="checkbox"/> WCB / Injury Assessment Clinic				
<input type="checkbox"/> Weight Management Clinic				
<input type="checkbox"/> Women's Health Clinic (IUD & Pap)				
				Allied Health Services
				Pharmacist Review
				Diabetic Education
				Smoking Cessation
				Travel Clinic
				Medication Review

* Kindly send patient for 'direct to procedure'. If patient requires an assessment, please send consult to our Skin Clinic

** Consult letter required, or kindly complete our Psychiatry consult request form.

Reason for referral/General Comments:

Thanks for your referral.

Please call our office if you do not receive a confirmation of receipt of your consult request within 5 business days.

An updated version of this form is available for download online at our website.