



Patient Information

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



Patient Referral

Referring to

For more information about our physicians, those registered with pathways can view our clinic at <https://pathwaysbc.ca/clinics/318>

First Available Physician (Referral mandatory)

Specific Sports Medicine Physician: (Referral

mandatory) Dr. Robert Drapala Dr. Michael

Koehle

Dr. Donald McKenzie Dr. Michael Orenstein

Dr. Robert Petrella Dr. Navin Prasad

Dr. Mark Roberts Dr. Ahmed El Sayed

IMS Physiotherapists (Referral not

mandatory) Ms. Lyndal Solomons Ms. Joanne

McBrinn

Performance Nutritionist (Referral not mandatory)

Mr. Alan Kenny

Injury

Date of injury (yyyy-mm-dd):

Is this a sports related injury: Yes No

Is this an ICBC / WCB Case?

ICBC WCB Neither

WCB Claim Number (8 digits):

Urgency:

Assessment within two weeks

Assessment can occur after two weeks' time

Please fax all relevant imaging reports and investigations with the referral.

Our clinic does NOT accept referrals for: non- sport related head and neck injuries, or fibromyalgia / wide-spread pain complaints.

This referral form must be complete with all information. Incomplete referral forms will be returned.

List the body part involved:

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

Relevant History:

