Patient Referral Form

Cancer Care Centre

Integrated Health Clinic™
Cancer Care Centre FORT LANGLEY, BC

❑ IHC-Fax: 604-888-8365 ❑ IHC-Phone: 604-888-8325 ❑ IHC-email: cancercare@integratedhealthclinic.com

Please print and reply to all questions.

Patient's name: _____ ☐ Male ☐ Female
Last Name First Name Initial

Address: _____

City: _____ Postal Code: _____ Phone: _____

Birthday (D/M/Y): _____ Personal Health Number: _____

Next of kin/Contact: _____ Phone: _____

Email: _____

Diagnosis: _____

Is the patient aware of the diagnosis? ☐ No ☐ Yes

Does the patient have an infectious disease (e.g., MRSA, VRE, TB, etc.) for which we need to take precautions to ensure cancer centre staff and other patients are protected? ☐ No ☐ Yes, disease: _____

Do you wish the patient to be seen at the Cancer Centre for:

☐ NP Consultation – Phone ☐ NP Consultation – at IHC ☐ Treatment Implementation based on referring Rx

Requested IHC Physician:

☐ Dr. Gurdev Parmar ☐ Dr. Erik Boudreau ☐ Dr. Erin Rurak ☐ Dr. Alanna Rinas ☐ Dr. Sarah Soles

Required information to send with referral (most recent documents please):

- Pathology report(s)
- History & physical examination
- Laboratory tests
- All consultation reports
- Diagnostic Imaging report(s)
- ECG tests

Comments and Patient Special Needs:

Referring Physician: _____ Phone: _____
print name

Date: _____ Fax: _____

Please complete and fax or scan to email this form with the required information. Lack of pertinent information MAY RESULT IN DELAYS in scheduling a patient appointment.

The Cancer Care Centre will notify your patient of the date and time of their appointment.