VANCOUVER ISLAND
ketamine clinic

REFERRAL FORM

Please, fill out this form and send it to info@vikc.ca

This is a note to request a referral for patient

Referral Date: .....

First Name: ..... Last Name: .....

DOB: ..... PHN: ..... Phone: .....

Email: ..... *Preferred: ☐ Phone ☐ Email (consent)

Reason(s) for referral: .....

.....

.....

Additional notes on this patient: .....

.....

.....

This is an urgent referral: ☐ Yes ☐ No

Does this patient speaks English: ☐ Yes ☐ No

If no, language(s) spoken: .....

A translator needs be present: ☐ Yes ☐ No

The following patient information is included in this referral:

- ☐ Pertinent patient history/medical notes
- ☐ Recent blood work and lab reports
- ☐ Relevant radiology reports
- ☐ Recent specialist consultation reports, if available, and any tests that have been done
- ☐ Other: .....

Following this, we request that your office contact the patient to inform them of their appointment date and time and any necessary steps they must take before their appointment. Should you have any issues communicating with the patient, please let us know.

Please inform our office if you will be able to see this patient, as well as the expected wait time.

Sincerely,

SIGNATURE

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