PRISTINE HEALTH CLINIC
Caring Healthcare Providers

PRISTINE HEALTH CLINIC 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
SW Branch: 200 - 255, Strathcona Blvd. Calgary. T3H 2Z9. Tel: 403-686-3062; Fax: 403-686-3063

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
☐ **Allergy Testing and Immunotherapy**	**Priority**	☐ Urgent	☐ Routine
☐ **Skin Clinic**			
☐ **Lumps & Bumps Clinic***			
☐ **Neurology****			
☐ **Internal Medicine****			
☐ **Procedural Pain Clinic** (Please check one of the following)			
☐ Trigger Point Injections ☐ Intraarticular knee Injections			
☐ Medial/Lateral Epicondylitis ☐ Botox for Migraine			
☐ **Oral Medicine**			
☐ **Psychology** (Fee for service)			
☐ **WCB / Injury Assessment Clinic**			
☐ **Weight Management Clinic**			
☐ **Women's Health Clinic** (IUD, Pap, Endometrial Sampling)			

Allied Health Services
☐ Pharmacist Review
☐ Diabetic Education
☐ Smoking Cessation
☐ Travel Clinic
☐ Medication Review
☐ PrEP Prescription

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

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 on our website.