

CAPRI

Central Alberta Pain & Rehabilitation Institute

#1, 6220 - Highway 2A Lacombe, AB. T4L 2G5
Phone: (403) 782-6555 Fax: (403) 782-6511

REFERRAL REQUEST FORM

Thank you for choosing CAPRI Clinic.

We look forward to partnering with you in your patient's care.

Fax: 403-782-6511

Date: _____

of pages: _____

REFERRING PROVIDER INFORMATION:

Referred by (MD): _____

PRACID: _____ Phone: _____ Fax: _____

Address: _____ City: _____ PC: _____

This form completed by: _____ Phone: _____

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PATIENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Phone: _____ Gender: Male Female

Patient's Address: _____

City/Province/Postal Code: _____

Phone Number: _____ Cell Number: _____

Provincial Health Care: _____

.....

REASON FOR REFERRAL:

Diagnosis: _____

Service/Specialty Requested: _____

Reason for Referral: _____

DOCUMENTATION REQUIRED (Please fax with this form):

- Recent/relevant typed clinical notes/test results, i.e. history & physical, MRI/Ct/X-rays reports

NOTE: Only attach imaging reports if from outside of Alberta