Greenleaf MEDICAL CLINIC

#101 – 2296 McCallum Road
Abbotsford, B.C., V2S 3P3
t: (604) 859-3677 f: (604) 859-3670
www.greenleafmedicalclinic.com

PATIENT REFERRAL FORM

PHYSICIAN INFORMATION		
Referring Physician:	Phone #:	Billing #:

PATIENT INFORMATION				
Last Name:	First:	Middle:	☐Mr ☐Mrs ☐Ms.	Sex: ☐F ☐M
Date of Birth: *Month*	*Day*	*Year*	Personal Health Number:	
Address:	City:	Province:	Postal Code:	
Home Phone #:	Work Phone #:	Cell Phone #:		

PATIENT MEDICAL HISTORY

- ☐ ADD/ADHD
- ☐ Alzheimer's Disease
- ☐ Anxiety
- ☐ Appetite
- ☐ Arthritis
  - ☐ Osteoarthritis
  - ☐ Psoriatic Arthritis
  - ☐ Rheumatoid Arthritis
- ☐ Back and Neck Problems
- ☐ Bladder Pain
- ☐ Brain Injury
- ☐ Cancer
- ☐ Cancer Symptoms
- ☐ Chronic Pain
- ☐ Colitis
- ☐ Complex Regional Pain Syndrome
- ☐ Crohn's Disease
- ☐ Other_____
- ☐ Degenerative Disc Disease
- ☐ Depression
- ☐ Eating Disorders
- ☐ Epilepsy
- ☐ Essential Tremors
- ☐ Fibromyalgia
- ☐ Gastrointestinal Disorders
- ☐ Glaucoma
- ☐ Head Injury
- ☐ Hepatitis
- ☐ HIV/AIDS
- ☐ Hypertension
- ☐ Irritable Bowel Syndrome
- ☐ Jaw Pain
- ☐ Kidney Disease
- ☐ Libido
- ☐ Menopause
- ☐ Migraines
- ☐ Multiple Sclerosis
- ☐ Muscle Spasms
- ☐ Muscular Dystrophy
- ☐ Nausea
- ☐ Nerve Pain
- ☐ Parkinson's Disease
- ☐ Pelvic Pain
- ☐ Post Operative Surgery Pain
- ☐ PMS/Menstrual Cramps
- ☐ PTSD
- ☐ Repetitive Strain Injury
- ☐ Seizures
- ☐ Sleep Disorders
- ☐ Spinal Cord Injury/Disease

PLEASE ATTACH APPROPRIATE MEDICAL RECORDS

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PATIENT REFERRAL FORM

Please select medication that has been tried:
☐ Gaba Agonists ☐ Methadone ☐ Opioids ☐ NSAID ☐ SSRI ☐ Muscle Relaxants ☐ IV Lidocaine ☐ IV Ketamine ☐ Nabalone ☐ Tramadol ☐ TCS
Does the patient have any UNCONTROLLED mania, schizophrenia, depression, using sedatives/hypnotics/other psychoactive drugs?
☐ Yes ☐ No
Is the patient currently suicidal or have previous history of suicidal thoughts?
☐ Yes ☐ No
Does the patient have a history of substance abuse of any of the following?
☐ Marijuana ☐ Ecstasy ☐ GHB ☐ Prescription drug abusing including narcotics or benzo ☐ LSD
OTHER MEDICAL HISTORY
PHYSICIAN SIGNATURE: **DATE:**