

# Consultation Request

Patients Phone Number: \_\_\_\_\_

Fax Number: 613-688-2422

Referring Doctor's contact information/stamp here

Patients name or  
Place Label Here

Consult to: \_\_\_\_\_

Patient Last Assessed: \_\_\_\_\_

Please see this patient in consultation regarding:

Thank you for your assistance, Referring Physicians: \_\_\_\_\_ Fax: \_\_\_\_\_ Ph# \_\_\_\_\_

Is it OK to leave detailed appointment information on patient's answering machine?  Yes  No

This Consult should include copies of the patient's: \_\_\_\_\_

B/W  Other  Patient was given copies to bring with him/her

Patient will make their own appointment

## Appointment information (office use only)

Who is the Appointment with? \_\_\_\_\_  
(Name) (Phone and Fax Number)  
\_\_\_\_\_  
(Address, Suite No.)

When is the Appointment? \_\_\_\_\_  
(Date) (Initial)

How was the patient contacted?  Letter: \_\_\_\_\_  
(Date) (Initial)  Phone: \_\_\_\_\_  
(Date) (Initial)

When was this copy sent to the specialist? \_\_\_\_\_  
(Date) (Initial) Fax: \_\_\_\_\_  
(Date) (Initial)

Did you send related copies of test results?  Yes  No

Is this consult complete?  Yes \_\_\_\_\_  
(Initial)