

Dalhousie Family Medicine General Procedures Clinic Referral Form

Please fax completed referral forms to Dr. Jennie Leverman 473-4353

Please note : Your patient's procedure will be performed by a resident physician under the supervision of an attending staff in the Dalhousie Department of Family Medicine

Date _____

Patient Name _____

Health Card # _____ Or Attach Addressograph containing info

DOB DD/MM/ YYYY _____

Contact Numbers: home _____

cell _____

alternate _____

Mailing Address _____

Referring MD _____

MD Contact number _____

Patient Medical History (please check all that apply):

On anticoagulants:

Diabetes:

Peripheral Vascular disease:

Chronic steroid therapy:

Active Malignancy:

Medication List:

N.B. Please ask your patient to bring all medications to his/her clinic appointment.

Joint and Soft Tissue injections:

- Knee Joint Injection
- Shoulder Joint Injection
- Soft Tissue Injection: Occipital Neuralgia De Quervain's Epicondylitis Elbow

N.B. For joint or soft tissue steroid injections, please provide patient with a prescription for methyl-prednisolone 40mg to bring to his/her appointment.

Please provide a brief description of the patient's history including dates of previous steroid injections if applicable:

Lumps and Bumps:

- Inclusion/ Sebaceous Cyst removal (no facial lesions, no infected cysts)
- Mole or skin tag removal (lesions < 1 cm, no facial lesions)
- Cryotherapy of warts, seborrheic keratosis, actinic keratosis

Please provide a brief description of the patient's history:

Wedge Resection Toenail:

- Right Left

Please provide a brief description of the patient's history:

Please Note:

1. The clinic is staffed by an Attending Physician and residents training in the Halifax Dalhousie Family Medicine

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training program. **Your patient's procedure will be performed by a resident physician under the supervision of the attending.**

2. Standard aftercare to be provided by the patient's family physician. If the patient develops complications from the procedure, please contact clinic co-ordinator, Dr. Jennie Leverman, at 473- 1234, and we will arrange for assessment in a timely manner.
3. Patients will be billed directly for non-insured services (i.e. cryotherapy of non-plantar wart lesions (\$35 first 5, \$25 additional), removal of benign skin lesions (\$50.00)). **Please ensure your patient is aware that a fee will be charged for non- insured services.**
4. Please advise your patient to bring all medications with them.
5. Please advise your patient that missed appointments not cancelled by 24 hours prior to appointment will result in patient being billed directly for cost of appointment and administrative costs.