Anti-Coagulation Clinic Referral Form

First Available General Internal Medicine

Phone 250 940 4444 Fax 250 385 9600

Date:

PATIENT INFORMATION: (affix label or complete)	**REFERRING PHYSICIAN:** (affix label or complete)
Name:	Name:
PHN:	MSP:
DOB:	Address:
Address:	Phone:
Cell Phone:	Fax:
Home Phone:	
Email:	**FAMILY PHYSICIAN:**
Secondary Contact:	

Urgency: ❒ < 1 week ❒ < 2 weeks ❒ < 1 month ❒ Non-Urgent

REFERRAL FOR SURGICAL PATIENTS (check all that apply):

❒ Peri-Procedural Anti-Coagulation / Anti-Platelet Management
❒ DVT/PE Prophylaxis Assessment in High Risk Peri-Operative Patient
❒ Full Pre-Operative General Internal Medicine Consult is Also Required

NON-SURGICAL PATIENTS:

❒ Anti-Coagulation Advice and/or Initiation for **NON-SURGICAL** Patients

Type of Procedure:

Type of Anesthesia: ❒ None ❒ Local ❒ Neuro-Axial/Spinal ❒ General

Surgical Date (if known):

Bleeding Risk From Procedure: ❒ Low ❒ Medium ❒ High

Anticipated Day(s) Post-Procedure in Which Anti-Coagulation or Anti-Platelet Can Be Restarted
(Assuming Full Clinical Benefit On Start Day): ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ Other _____

Drug(s) Patient is On Which Require(s) Peri-Procedure Management:

❒ Anti-Coagulation Therapy ❒ Anti-Platelet Agent

Indication For Anti-Coagulation or Anti-Platelet Therapy:

❒ Atrial Fibrillation
❒ Deep Vein Thrombosis/Pulmonary Embolism
❒ Mechanical Heart Valve
❒ Hypercoagulable Disorder
❒ Coronary Artery Disease
❒ Cerebral or Peripheral Vascular Disease
❒ Other _____

Patients will be contacted by Rebalance[MD] directly to schedule appointment

Referring physicians will be advised by fax once this referral has been received,
and, again, when an appointment has been offered to the patient

Dr Laura Farrell, MD FRCP(C)
Dr Karmen Kelly, MD FRCP(C)
Dr Allan Kostyniuk, MD FRCP(C)
Dr Danny Myers, MD FRCP(C)
Dr Vanja Petrovic, MD FRCP(C)
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