First Choice Medical Centre
1101, 314 1st Street E.
Cochrane, AB T4C 1Z2
Ph: (587) 493-1163
Fx: (587) 493-1168

General Referral Form

Patient Information/Patient Label:	**Referring Physician/Clinic Information:**
First Name: _____	Referring Physician: _____
Last Name: _____	Clinic Name: _____
PHN: _____	Office Phone: _____
DOB (MM/DD/YYYY): _____/_____/_____	Office Fax: _____
Phone: _____	PRAC ID: _____
Email: _____	Signature:
Address: _____	
_____	_____

Reason for Referral: (Check all that apply)

☐ 24 Hour Blood Pressure Monitor	
☐ Internal Medicine Consultation	(Dr. Waleed Alhumaid)
☐ Lumps and Bumps Consultation/Biopsy	(Dr. Omar Hadi)
☐ Steroid Intra-Articular Injections	(Dr. Suhad Al-Ali)
☐ Botox Injections for Chronic Migraine	(Dr. Farah Hamid)
☐ Botox Injections for Hyperhidrosis/Bruxism	(Dr. Farah Hamid)

For Skin Health with Dr. Suhad Al-Ali and Women's Health with Dr. Anaam Karim, please use the appropriate referral form, available online at https://1stchoicemedical.ca

Physician Comments/Medical History:

_____

_____

_____

_____

Please fax referrals to (587) 493-1168