

Please note, all doctors are Family Medicine Specialists with a focus in skin disorders.

Patient Info: _____ Date of referral: _____

Name (Last, First): _____ DOB (YYYY/MM/DD): _____

PHN: _____ ☐ M ☐ F Other (pronouns): _____ Phone #: _____

Email: _____ Address: _____

Referring Practitioner Info:

Practitioner/ Office stamp here:

Name: _____ MSP number: _____

Fax: _____ MRP (if different): _____

Please submit MSP code 03333 to the doctor of your choosing

Physicians (Please indicate who the referral is to)

- ☐ Dr. Inna Fadyeyeva (66207) - **General skin disorders & cancers. Focussed practice in Rosacea, Melasma and Scars.**
- ☐ Dr. Yasamin Rekabdar (J3003) - **General skin disorders & cancers. Focussed practice in rapid access for skin procedures.** (Identify in reason for referral, if consult is needed)
- ☐ Dr. Romina Moradi (34828) - **General skin disorders & cancers. Rapid access Acne clinic.** (acne patients seen in 2 wks if moderate to severe [check yes for urgent])
- ☐ Dr. Danny Chao (39679) - **General skin disorders. Interest in Hair Loss**
- ☐ Dr. Anjuli Chehil (Q0741) - **General skin disorders & cancers. Interest in Skin Checks for concerning lesions, Acne and Rosacea.**
- ☐ Dr. Shaye Shahri (Q1394)- **General skin disorders & cancers.**

Is this referral urgent? Yes ☐ No ☐

Reason for Referral: (please indicate which option)

☐ **Consult & Management** ☐ **Only Biopsy/Excision** (identify location)

If a referral is for skin cancer, please complete the checklist below:

- | | |
|---|---|
| Is your patient immunocompromised? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your patient have a history of smoking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a history of blistering sunburns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a history of tanning bed use? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your patient on blood thinners? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a personal or family history of skin cancer? | <input type="checkbox"/> Yes Personal <input type="checkbox"/> Yes Family <input type="checkbox"/> No |

**If referring for hair loss (MSP Covered), please attach recent blood work including: CBC, TSH, Ferritin +/- Vit D.*

*Please complete form, and attach all relevant investigations etc. **Incomplete Referrals will be returned.***

Our office will contact patients directly to schedule .

Address: 972 Marine Dr, North Vancouver BC, V7P 3Mappointments9

Fax: 604-971-6768

Tel: 604-971-6737

Email: infomarine@ihealthmd.ca

Web: www.ihealthmd.ca