

Please note, all doctors are Family Medicine Specialists with a focus in Trigger Point Injections.

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. Alex Genest (Q0755)
☐ Dr. Anjuli Chehil (Q0741)
☐ Dr. Natalia Roehlig (66827)

Is this referral urgent? **Yes** ☐ **No** ☐

Reason for Referral: (please indicate concern and area of concern)

Please complete the entire form, and attach all relevant investigations etc.

Incomplete Referrals will be returned.

Our office will contact patients directly to schedule appointments.

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