

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.

Address: 403-1200 Lonsdale Ave, North Vancouver BC, V7M 3H6

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