

Rapid Access Skin Procedures, Hair Loss Management

Referral Form Fax: 604-971-6768

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

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. Focussed practice in hair Loss (MSP covered, tailored consults, biopsies, customized management)**

Is this referral urgent? Yes ☐ No ☐

Reason for Referral: (please indicate which option)

☐ Consult & Management

☐ Only Biopsy/Excision
(identify location on a referral)

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 personal history of skin cancer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a family history of skin cancer? | <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 |

**Hair Loss Consultations are Non-MSP Benefit. If referring for hair loss, please attach recent blood work including: CBC, TSH, Ferritin +/- Vit D.*

Please complete this form and attach all relevant investigations/ medication lists etc.

Incomplete Referrals will be returned.

Our office will contact patients directly to schedule appointments.

Address: 972 Marine Dr, North Vancouver BC, V7P 3M9

Fax: 604-971-6768

Tel: 604-971-6737

Email: infomarine@ihealthmd.ca

Web: www.ihealthmd.ca