



Haliburton Highlands Internal Medicine Clinic

P.O. Box 30 Minden, On K0M 2K0

(705) 286-2140 ext 3296

Fax: (705) 286-3146

Haliburton Highlands Health Services Internal Medicine Clinic Referral Form

Patient Information

Name: _____

Gender: _____

Address: _____

DOB (dd/mm/yy): _____

City: _____ Postal Code: _____

Phone number: _____

Date of referral: _____

Alternate Phone: _____

PCP: _____

Health Card Number: _____

PCP contact: _____

Version Code: _____

Reason for Referral

Urgency: Routine Urgent

Goal of Referral:

- Advice/Question Co-Management Diagnostic Clarification 2nd Opinion
 Re-Referral 3rd Party Request Other

Name of suspected diagnosis/problem triggering referral

Brief description of history, management, and investigations

*Please attach an updated cumulative patient profile (CPP) and all **relevant** laboratory and diagnostic investigations from last **6 months**

Referring Provider Information

Name: _____

Contact Number: _____

Title: _____

Billing Number: _____

Date: _____

Signature: _____