



**Brenda & David Mclean Integrated Spinal Clinic:
Referral Form**

Blusson Spinal Care Center
2nd Floor, 818 West 10th Avenue, Vancouver BC V5Z 1M9
Tel: 604 875-4992 Fax: 604 875-5072

SPRH Room Type- _____

Date of Referral: _____

Patient Information

Name: _____ Date of Birth: _____
PHN: _____
Tel (Home): _____ Tel (Work): _____
Address: _____
Diagnosis/level of injury: _____

Referring Physician

Name: _____ Billing # _____
Tel: _____ Fax: _____

Family Physician: _____

Reason For Referral (Check all that apply)

Urology/ Cystoscopy Sexual Health/ Fertility
Physiatry Consult Wound Care

Isolation: (Mandatory) MRSA VRE C-Diff Unknown

Relevant Medical History

Is the Referral of an Urgent Nature? Yes No

***Please attach relevant history, consults, and blood work that will assist with the referral (incomplete referrals cannot be processed)**