



SPECIALIST'S REFERRAL FORM

Date (YYYY-MM-DD):
UCI number:
IME number:
UMI number (if applicable):

Attach image

Family name:	Gender:
Given name:	Date of birth (YYYY-MM-DD):

Identity document seen? No Yes Document type: Passport Government issued photo ID

If you have any concerns that the individual presenting to you does not match the identification and photo of the individual above, please notify my office immediately.

<i>Referred to (Specialist name / address):</i>	<i>Referred by (Panel Physician name / address):</i>

Reason for referral:

- Report to include:*

 - Clinical findings with current clinical status;
 - Diagnosis;
 - Pathology report if available;
 - Treatment recommendations;
 - Prognosis for the next five (5) years; and
 - Copies of diagnostic tests and reports done as part of your investigations.

Specialist declaration:

I declare that I have examined the above client and the attached report is a true and correct record of my findings.

Signature: _____

Date (YYYY-MM-DD): _____

Please return this form along with your report to the Panel Physician noted above.
Thanking you in advance for your assistance.