



MargareeHealth.ca
Toll Free 1-855-420-4845
info@margareehealth.ca

Please have your primary care, psychologist or psychiatrist complete and forward to:

FAX: 1-866-558-5652

Patient Name: _____	HCN: _____
Date of birth: _____	Veteran/First Responder Yes/No
Address: _____	K card # K _____
_____	Gender: Male/Female
Phone numbers (2 if possible) Home: _____	Cell: _____ Work: _____
Email: _____	

HISTORY/CONTRAINDICATIONS:

MEDICATIONS:

REASON FOR REFERRAL:

REFERRING PHYSICIAN INFORMATION: (Stamp acceptable)

SIGNATURE OF REFERRING PHYSICIAN

MargareeHealth.ca

Date (DD/MM/YY)

Toll Free: 1-855-420-4845

info@margareehealth.ca