

#230 - 8500 Blackfoot Trail SE, Calgary, AB Fax: 403-800-7017 Phone: 866-730-0343 Please note, a confirmation fax will be sent once referral has been received and processed

Date of Referral:

Referring Physician: PRACID: Clinic Fax and Phone Number:

Reason for Referral (check all that apply):

- \_\_\_\_ Hemorrhoids
- \_\_\_\_ Anal Fissure
- \_\_\_\_\_ Fistula in Ano/Perianal abscess
- \_\_\_\_ Pilonidal disease
- \_\_\_\_ Pruritus Ani
- \_\_\_\_ Rectal Bleeding NYD
- \_\_\_\_ Skin Tag(s)
- \_\_\_\_ Perianal/Rectal Mass
- Colonoscopy request
- \_\_\_\_ Pelvic Floor Physiotherapy
- \_\_\_\_ Fecal Incontinence
- \_\_\_\_ Diverticular Disease
- \_\_\_\_ Lipoma/Sebaceous Cyst
- Other (hernia, gallbladder, varicose veins, obesity management)

## Patient Demographics

Name:

Address:

Alberta Health # (ULI):

DOB:

Phone Number:

Additional Comments: