

Dr. Carley N. Cooper BSc. MD CCFP (EM) Dip (SC)

Family Medicine with Skin Cancer Focus

201 -1125 Dufferin Crescent, Nanaimo, BC

Phone:(250) 755-1005 Fax: (250) 244-3551

Patient Referral Form

Patient Information: (affix label or complete)**Name:****PHN:****DOB:** (mm/dd/yyyy)**Address:****Home Phone:****Alternate Phone:** Cell Work Other:

(Phone Number)

Email:**Secondary Contact:****Referring Physician:** (stamp or complete)**Name:****MSP#:****Address:****Phone:****Fax:****If applicable, Walk-in Clinic name:****Family Physician:** (if not referring MD)**Date:** (mm/dd/yyyy)**Reason for Referral:** (please select at least one)

- Skin biopsy of suspicious lesion
- Actinic keratosis management
- Pigmented lesion assessment
- Other:

Location:**Size:**

PLEASE ATTACH PERTINENT CLINICAL INFORMATION INCLUDING MEDICATIONS AND ALLERGIES WITH YOUR REFERRAL.

Fax completed form with relevant history to 250-244-3551

If you have received this fax in error, please contact the referring physician.

Thank you.