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

□ If previously seen by dermatologist, when was last appointment: MM/DD/YEAR

□ 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.