



# REFERRAL FORM

ENT Clinic

DR. AHMED DARWISH MD FRCSI(Otolaryngology), M.Sc, M.B., Bch., LMCC GP with special interest in ENT

DR. SHERIF IDRIS, MD, FRCS(C), MMCI (Otolaryngology) -Head and Neck specialist, Fellowship in Head and Neck Surgical Oncology

Edmonton Comprehensive Care & Family Medicine  
 110, 6925 Gateway Blvd NW  
 Edmonton, AB T6H 2J1  
 P: 780-306-5656 F: 780-306-5757

**FAX ONLY COMPLETED FORMS TO 780-306-5757.**

<b>PATIENT INFO</b>	Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
	Address:		City & Province:	Postal Code:
	Best Contact Phone Number:			
	Alberta Health Care:		Date of Birth:	
<b>REFERRING PHYSICIAN INFO</b>	Name:		Practitioner ID:	Specialty:
	Address:		City & Province:	Postal Code:
	Phone:	Fax:	Email:	
<b>FAMILY PHYSICIAN INFO</b>	Name:		Practitioner ID:	
	Address:		City & Province:	Postal Code:
	Phone:	Fax:	Email:	

<b>REFERRAL INFORMATION</b>	
<b>REASON FOR REFERRAL</b>	<input type="checkbox"/> general otolaryngology      Other: _____ <input type="checkbox"/> laryngology <input type="checkbox"/> otology / neurotology <input type="checkbox"/> sleep/snoring
<b>PATIENT MEDICAL HISTORY</b>	
<i>If known: past medical history, surgical history, medications, allergies, family history, current medication</i>	

REFERRING MD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_