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



□**DR. COLIN ANDREWS, MD, FRCSC General Otolaryngology Head and Neck Surgeon**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT INFO** | Name: | | | | | Gender: •Male •Female •Other | | | | | |
| Address: | | | | City & Province: | | | | | | Postal Code: |
| Best Contact Phone Number: | | | | | | | | | | |
| Alberta Health Care: | | | | | | | Date of Birth: | | | |
| **REFERRING PHYSICAN**  **INFO** | Name: | | | Practitioner ID: | | | | | Specialty: | | |
| Address: | | | | City & Province: | | | | | | Postal Code: |
| Phone: | Fax: | | | | | Email: | | | | |
| **FAMILY PHYSICIAN**  **INFO** | Name: | | | | | Practitioner ID: | | | | | |
| Address: | | | | City & Province: | | | | | Postal Code: | |
| Phone: | | Fax: | | | | Email: | | | | |

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| **REFERRAL INFORMATION** | | |
| **REASON FOR REFERRAL** | □ General Otolaryngology  □ Laryngology | □ Otology / Neurotology  □ Sleep/Snoring  □ Other: |
| **PATIENT MEDICAL HISTORY**  *If known: past medical history, surgical history, medications, allergies, family history, current medication* |  | |

REFERRING MD SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_