

AIM CLINIC Alberni Internal Medicine Clinic

Dr. Kennedy Feyi

Dr. Marc Lambiotte

Dr. Ian Warbrick

REFERRAL FORM

Referring Physician _____ Patient Name _____

MSP _____ DOB _____

Fax _____ PHN _____

Office Email _____ Phone/Cell _____

Patient email _____

Patient Address _____

Referral Type: _____

Consultation ____ Consultation and EST ____ Other _____

Reason for Referral: _____

Past Medical/Surgical History: _____

Medications: _____

Allergies to medications: _____

Please forward recent investigations (if available) as well as any relevant consultations.

Thank you for your referral to AIM Clinic. 😊