myo Clinic - Brentwood Bay | 105 - 7162 West Saanicch Road | info@myoclinic.ca
www. myoclinic.ca | Clinic # 250 590 7300 | Fax # 250 590 7399

Physician Referral Form

Note: Patients are assigned to a myo Clinic physician based on their presenting condition and physician availability.

Referring Physician

Practitioner number

Practitioner Name (no signature please)

Main complaint(s) ☐ Movement / ROM limitation ☐ Migraine ☐ Pain

☐ Other (please specify)

Note: We will discuss generalized areas of concern with the patient.

Clinical concern(s) ☐ Immunocomprimised ☐ Trauma ☐ Blood thinners

☐ Other (please specify)

Urgency ☐ Routine ☐ Semi-urgent ☐ Urgent

MOA to complete

Submit 3333 GP consultation referral to 66429 **Fax this form to 250 590 7399**

Fax number to send confidential letter to:

Patient Information (handwrite or overlay patient label)

Patient's surname

First & middle names

Email

Home phone

Mobile phone

Work phone

Address

City

Postal code | Province (if not BC)

Birth date (dd/mm/yy) / /

PHN

Sex

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