

Excellence In Skin Care Since 1984

## **Standard Dermatology Consult Referral Form**

Eav to: 403 225 2014

## **Contact Information**

**P:** 403.286.6888 **F:** 403.225.2914

A: Calgary South

10201 Southport Rd SW unit 102 T2W 4X9

Calgary North

130 Country Village Rd NE #405

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|---|---------------|-------------|---|-------------------|
| Option 1  |               |             |   |                   |
| Appleseed, John ID: 12345678 Chart: 102, 10201 Sapply Label Here Calgary, AB T2W 4X 403-286-6888  | л<br>JAN-1990 |             | gency:<br>Routine<br>Jrgent (< 2 weeks)Please pro<br>'Additional Information" | vide reason under |
| Option 2 - Leave blank if above complete  Patient and Physician Information   | :             |             |   |                   |
| Patient Last Name:  |               | Given Na    | ame(s):   |                   |
| Address:  |               |             |   |                   |
|   |               |             |   |                   |
| Phone Number: PHN:  |               |             | _ DOB:  |                   |
| Referring Physician:  |               | Practice F  | Phone Number:   |                   |
| ractice ID:   |               | Practice F  | ax Number:  |                   |
| Provider address:   |               | i idelico i | ax ramoun   |                   |
| Reason for Referral:  |               |             |   |                   |
| Surgical & Medical Dermatology  | DV.110 ==-··· |             | Elective Dermatology  |                   |
| ☐ Mohs Micrographic Surgery *ONLY CALGA Location:   |               |             | ☐ <b>UV Therapy</b> Location:   |                   |
| Duration:   |               |             | Eczema ☐ Severity:_   |                   |
| Tumour size:  |               |             |   |                   |
| Biopsy done (please attach pathology):  | res □ No □    |             |   |                   |
| ☐ Growth/Tumor/Lesion   |               |             | ☐ Pigmented Lesions   |                   |
| Location:   |               |             | ☐ Vascular Lesions  |                   |
| Duration:Tumour size:   |               |             | ☐ Acne & Scarring   |                   |
|   | Vac 🗆 Na 🗆    |             | ☐ Skin Tightening   |                   |
| Biopsy done (please attach pathology): Concern of basal cell carcinoma:   | Yes D No D    |             | <ul><li>☐ Body Contouring</li><li>☐ Rosacea</li></ul>                         |                   |
|   | Yes □ No □    |             | ☐ Melasma   |                   |
| · · · · · · · · · · · · · · · · · · ·   | Yes No        |             | ☐ CO2 Laser Treatments Wa   | rt                |
| Concern of other:   | Yes No        |             | ☐ Treatments  |                   |
| Please specify:   |               |             | ☐ Cyst Removal  |                   |
| <ul> <li>☐ Melanoma (please attach pathology)</li> <li>☐ Photodynamic Therapy Location:</li> <li>☐ Benign lesion Location:</li> <li>☐ Rash</li> </ul> | <br>e:        |             | Additional Information  |                   |
| Location:   |               |             | ,   |                   |
| Duration:   |               |             |   |                   |
| Working Diagnosis:  |               |             |   |                   |
| ☐ Autoimmune diseases (diagnosis)   |               |             |   |                   |
| ☐ Eczema ☐ Psoriasis  |               |             |   |                   |

☐ Hair disease ☐ Nail disease ☐ Hidradenitis suppurativa

☐ Skin check

☐ Other:\_

Revised: June 2023