BC WELLNESS CENTRE

203-518 Lake St.
Nelson, B.C. V1L 4C6
risebc.com

P: 250.352.5259
F: 250.352.0323
office@risebc.com

REFERRING PHYSICIAN INFORMATION

Physician name:

MSP number:

Telephone number:

Fax (for consult delivery):

PATIENT INFORMATION

Surname:

First name:

DOB (DD/MM/YY):

PHN:

Home phone #:

Cell phone #:

Address:

REASON FOR REFERRAL:

If you are recommending any of the following please check off:

Prolotherapy ☐ Trigger Point Therapy ☐ Medical Cannabis ☐ Opioid Replacement ☐

Median Nerve Hydrodissection for Carpal Tunnel ☐ Epidural ☐ Cortisone ☐

Does the referred patient have current or related (check if applicable):

Imaging ☐ Labwork ☐ Medication History ☐

All of the above MUST be included/attached in order for the referral to be processed.

Submit