DEERFOOT MEDICAL CENTRE
Dr. M. Rizwan Aslam, FRCP(Ireland), FRCPS(G)
Internal Medicine, special interest in kidney disease

REQUISITION FORM

215-971 64th Ave. NE, Calgary, AB T2E 7Z4
T: 403-516-2942 | **F:** 587-619-0743

GENERAL INFORMATION

PATIENT INFORMATION (LABEL):

Last Name, First Name	DOB (MM/DD/YYYY)	Gender
Health Number	**Version Code**	**Phone #**

Address: _____

City: _____ Province: _____ Postal Code: _____

TRANSLATION

Does the patient require a translator?

Assistance available in:*

- ☐ Arabic
- ☐ Punjabi
- ☐ Turkish
- ☐ Urdu
- ☐ Hindi

**Translation assistance subject to availability.*

REFERRING PHYSICIAN:

Referring MD	Phone #	Fax #	Date (MM/DD/YYYY)	Signature

COPY TO: _____ COPY TO: _____

REQUEST

☐ **Urgent** ☐ **Routine**

REASON FOR REFERRAL

- ☐ Acute Kidney Disease
- ☐ Chronic Kidney Disease
- ☐ Microscopic Hematuria
- ☐ Diabetes *(w/ or w/o complications)*
- ☐ Diabetic Cardiovascular Screening
- ☐ Thyroid Disease
- ☐ Hypertension
- ☐ BP or Holter Monitor
- ☐ Dyslipidemia
- ☐ Ischemic Heart Disease
- ☐ Assessment of Chest Pain
- ☐ Heart Failure Management
- ☐ Palpitation
- ☐ Arrhythmia
- ☐ Syncope
- ☐ Abnormal ECG
- ☐ Chronic Lung Disease
- ☐ COPD
- ☐ Asthma
- ☐ Sleep Apnea
- ☐ Abnormal CXR
- ☐ Shortness of Breath
- ☐ Obesity
- ☐ Weight Loss

☐ Other _____

REASON FOR CONSULTATION

Please bring ALL of your medications (in their original containers) to your appointment