



Franklin Health Clinic

3149 5 Ave NE, Calgary, AB, T2A 6C9

Tel: 403-453-8483

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www.franklinhealthclinic.ca

info@franklinhealthclinic.ca

REFERRAL FORM

Your Clinic Phone: _____

Fax completed Request to: **403-453-8486**

Your Clinic Fax: _____

Date _____

PATIENT'S LABEL

REFERRING PROVIDER'S DETAIL/STAMP

Services Requested – Please check

Orthopedic/Spine/Sport Medicine consult:

Back

Neck

Trigger Point Injections

Knee

Elbow

Others

Hip

Shoulder

Ankle/Foot

Wrist/Hand

Women Health:

PAP test

IUD Insertion/Removal

Contraceptive management

Menopausal management

BRIEF HISTORY/MEDICATIONS

Thanks for your referral

Please call our office if you don't receive a confirmation from us in 2 business days.