



**Fax this form to 778-800-2094**

Please a submit no-charge referral 03333

**REFER TO:**

- Shortest wait list
- Dr Ric Arseneau (09308)
- Dr. R. Jane McKay (24388)
- Dr. Lana Dymont (25827)
- Dr. Liz Nicki (24816)

**REFERRING CLINICIAN INFORMATION**

Date:

Clinician name:

MSP/Billing number:

Clinic name & Address:

Telephone no.:

Fax no.:

Clinician Signature:

**PATIENT INFORMATION**

First and last name:

Date of birth (DD/MM/YYYY):

Patient under 19 yo

PHN:

Gender/pronouns:

Telephone no.:

Email:

Address:

**REASON FOR REFERRAL**

Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)

- known       suspected

Fibromyalgia (FM)

- known       suspected

Long COVID (i.e., NO evidence of tissue damage)

- known       suspected

Note:

We only serve this patient population  
We do NOT need imaging or bloodwork  
We return referrals more than 10-15 pages