



Fax this form to 778-800-2094

Please submit no-charge referral 03333

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 is 20 years old or younger
 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., Post-viral syndrome with **NO** evidence of tissue damage)
 known suspected

REFER TO:

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

Please make sure that patients are aware that we are a

**** VIRTUAL CLINIC ****
**** GROUP-BASED PROGRAM ****

All visits are virtual-group-based except for individual consultation.

Not all patients are suited for our program

NOTE:

We only see patients for:

- Long COVID (post viral syndrome)
- Chronic Fatigue Syndrome
- Fibromyalgia

We do **NOT** accept patients for a workup of undifferentiated fatigue, pain, or other symptoms.

- The expectation is that patients have had a workup and physical examination to exclude other causes.

We are **NOT** a Post COVID Clinic

We do **NOT** need a lot of background info:

- Do not send imaging or bloodwork
- We return referral longer than 10-15 pages