



Interventional Orthopedics and Sports Medicine



THE UNIVERSITY OF BRITISH COLUMBIA
Department of Medicine
Faculty of Medicine

Dr. Kaila A. Holtz, MSc MD FRCPC

Physical Medicine and Rehabilitation | MSP #82992

Referring Physician

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	MSP Billing #	Referring Physician Fax Number
<input type="checkbox"/> Urgent < 15 days	<input type="checkbox"/> Semi-Urgent < 30 days	<input type="checkbox"/> Regular

Patient Information

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (yyyy/mm/dd)	Phone	Email
<input type="text"/>		
Mailing Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	City	Postal Code

Consent to electronic and telecommunications via Email or SMS? Yes No

Relevant Case or File Number

<input type="checkbox"/> MSP (Medical Service Plan)	<input type="checkbox"/> ICBC (Insurance Corporation of BC)	<input type="checkbox"/> WCB (Workers' Compensation Board)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Health Number	Reference #	Reference #

Previous Investigations

<input type="checkbox"/> X-Ray	Date/Location	<input type="text"/>	<input type="checkbox"/> CT Scan	Date/Location	<input type="text"/>
<input type="checkbox"/> MRI Scan	Date/Location	<input type="text"/>	<input type="checkbox"/> Ultrasound	Date/Location	<input type="text"/>

* All information above is required or referral will be returned for completion.

Reason for Referral

Relevant History

Patients will be contacted directly with their appointment date and time via email or telephone. We will send the referring physician a notification for their records.

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