Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

Genetics and Metabolism
Health Sciences Centre
Phone: (204) 787-2494
Fax: (204) 787-1419

GENERAL GENETICS REFERRAL / FAX SHEET

Date: _____

PATIENT INFORMATION:

Last Name: _____ First Name: _____

Maiden/Previous Name: _____ DOB: _____/_____/_____
(day / month / year)

MHSC#:_____ PHIN#:_____

HSC#:_____ Next of Kin: _____

Address: _____ City: _____

Postal Code: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____

REASON FOR REFERRAL:

_____

_____

_____

_____

_____

_____

REFERRING PHYSICIAN:_____
(please print clearly)

ADDRESS:_____

TELEPHONE NUMBER: _____ FAX NUMBER: _____