

# MEDINFUSE HEALTH

**KELOWNA CLINIC**  
#201-570 RAYMER AVE KELOWNA  
TEL: 778-478-1805 | FAX: 236-420-1018  
[INFO@MEDINFUSE.CA](mailto:INFO@MEDINFUSE.CA)

**SURREY CLINIC**  
#302-9639 137A ST, SURREY  
TEL: 778-381-5883 | FAX: 778-897-3223  
[SURREYCLINIC@MEDINFUSE.CA](mailto:SURREYCLINIC@MEDINFUSE.CA)

## Referral for Infusion or Pharmacist Consultation

Please fax completed referral forms to 236-420-1018 (Kelowna) or 778-897-3223 (Surrey)

HEALTHCARE PROVIDER INFORMATION			
Name		Telephone	
License #		Fax	

PATIENT INFORMATION			
Name:			
PHN:		Date of Birth:	
Phone:		Email:	
CHIEF CONCERN (if applicable)		ADDITIONAL NOTES (if applicable)	
BACKGROUND FOR REFERRAL (if applicable)			

### Services Requested (please check all that apply)

- Infusion (Drug Name: \_\_\_\_\_)
  - IF NEW DRUG: Prescriber to complete corresponding patient enrollment form and indicate that patient's selected infusion site is MedInfuse Health Infusion Clinic
  - IF SWITCHING INFUSION SITES: Please provide the patients contact information in the space above and we will coordinate the patient's next infusion appointment
- Vaccination history and administration of vaccines as required
  - Influenza vaccine, Shingrix, Prevnar-13, Pneumovax-23, and others
- Medication Review
- Deprescribing consultation
- Pharmacogenomics consultation
- Skin Care consultation
- Medication administration training (e.g. subcutaneous self-injection)

Patient prefers to be contacted by (circle one):                      *phone*                      *email*