SOUTHWEST
SKIN CLINIC

Strathroy Middlesex General Hospital
395 Carrie Street, 3rd Floor, Strathroy, ON N7G 3J4
T (519) 614-0560 · F (226) 406-8786
admin@southwestskin.ca

Patient Referral

Fax completed form to (226) 406-8786

DATE _____

PHYSICIAN INFORMATION

Referrer _____ Phone _____ Fax _____

Billing # _____ Family Physician _____

Phone _____ Fax _____

PATIENT DETAILS

Last Name _____ First Name _____ DOB _____

Gender _____ Health Card # / VC _____

Address _____

City _____ Province _____ Postal Code _____

Home _____ Cell _____

Email _____

If under 16, Guardian Name(s) _____

Email is required for all patient communications.

MEDICAL HISTORY

or attach CPP

Past Medical History	Medications	Allergies

REASON FOR REFERRAL

- ☐ Lesion of concern (please describe below)
- ☐ Mole mapping / skin cancer screening
- ☐ Lesion removal
- ☐ Biopsy

Please provide details: