HEADWATERS
Health Care Centre

Downtime Record - ED REFERRAL TO CONSULT

Consultant: _____   Date: _____

Referring Doctor: _____   Physician Billing #: _____

Patient Name: _____

Reason for Referral: (please check)

☐ Possible need for further surgery
☐ Opinion regarding further treatment
☐ Diagnostic assessment
☐ Routine follow-up
☐ Other: _____

Hx, Px and Investigation:

_____

_____

_____

_____

_____

_____

_____

Diagnosis: _____

Send: ☐ X-rays ☐ Blood work ☐ Other: _____

Signature: _____

HHCC-2016   12/2022

H.DTEDRC