



# REFERRAL FORM

**Patient must agree** to conduct first appointment by video consultation.  
Subsequent appointments, if necessary, will be conducted in-office.

**T:** (833) 272-7546

**F:** (888) 593-0807

**E:** refer@getskinhelp.com

**W:** www.getskinhelp.com

## Patient Information

|                            |  |                            |     |
|----------------------------|--|----------------------------|-----|
| Patient Name (Last, First) |  | Date of Birth (DD-MM-YYYY) | Sex |
| Address                    |  | Patient Label              |     |
| Postal Code                | City   |                            |     |
| Home Phone                 | Mobile Phone   |                            |     |
| Health Card (With VC)      | Other <input type="checkbox"/> Insurance <input type="checkbox"/> Private Pay<br><small>(Provide Coverage ID # or attach coverage details)</small> | Email (Mandatory)          |     |

## Reason for Referral (Diagnosis and / or complaint)

|   |   |       |
|---|---|-------|
| <input type="checkbox"/> Skin Cancer or suspected skin cancer | <input type="checkbox"/> Psoriasis                  | Notes |
| <input type="checkbox"/> Acne                                 | <input type="checkbox"/> Eczema (Atopic Dermatitis) |       |
| <input type="checkbox"/> Vitiligo                             | <input type="checkbox"/> Rosacea                    |       |
| <input type="checkbox"/> Melasma                              | <input type="checkbox"/> Other                      |       |
| <input type="checkbox"/> Dermatitis                           |   |       |

## Referring Provider

|                         |           |              |
|-------------------------|-----------|--------------|
| Name                    | Phone     | Office Stamp |
| Address                 | Fax       |              |
| OHIP Billing #          | Signature |              |
| CC Family Doctor / MRP: |           |              |

Patient can also be referred via Ocean eReferral network: [Link](#)