Cedar Medicine

Internal Medicine Referral · Dr. Emily O'Neill, MD · MSP Q4513

Women's health & metabolic care · Virtual visits (video or phone) across BC

FAX COMPLETED FORM TO
604-688-3660
Phone 604-830-3600 · info@cedarmedicine.com

*Dr. O'Neill sends recommendations back to you; you remain the most responsible provider. Not for urgent concerns (use RACE or the ED). * = required*

1 REFERRING PROVIDER & PATIENT

REFERRING PROVIDER * | MSP # *

CLINIC | PHONE | FAX *

FAMILY DOCTOR / NP (IF DIFFERENT) | MSP #

SEEN BY DR. O'NEILL BEFORE?

☐ No ☐ Yes, new problem ☐ Yes, same — last seen

PATIENT NAME *

PHN * | DOB (YYYY-MM-DD) * | SEX

PATIENT PHONE * | PATIENT EMAIL

PATIENT ADDRESS, CITY, POSTAL CODE | ☐ Interpreter:

2 REASON FOR REFERRAL *tick the program and any that apply · suggested MSP diagnostic codes*

☐ Menopause & midlife

☐ Hot flashes / HT	627
☐ Perimenopause	627
☐ Genitourinary (GSM)	627
☐ Bone health	733
☐ HT with risk factors	627

☐ Metabolic health

☐ Obesity / weight	278
☐ Prediabetes	790
☐ Type 2 diabetes	250
☐ Dyslipidemia	272
☐ Fatty liver (MASLD)	571
☐ PCOS	256

☐ Men's health

☐ Low testosterone	257
☐ Erectile dysfunction	607
☐ Urinary / prostate	600
☐ Cardiometabolic risk	—

☐ General internal med.

☐ Hypertension	401
☐ Thyroid disorder	244
☐ Fatigue / unexplained	780
Other:	

3 YOUR QUESTION & URGENCY *one specific question helps us triage*

WHAT WOULD YOU LIKE DR. O'NEILL TO ADDRESS? *

URGENCY ☐ Routine ☐ Priority (within 4 weeks) — reason:

4 CLINICAL INFORMATION *or attach a recent note / CPP*

CURRENT MEDICATIONS & ALLERGIES

RELEVANT HISTORY, RECENT RESULTS & WHAT HAS BEEN TRIED

FOR HORMONE THERAPY — ANY HISTORY OF: ☐ Breast cancer ☐ DVT / PE ☐ Stroke or MI ☐ Abnormal bleeding ☐ Liver disease ☐ None

5 BEFORE YOU FAX

ATTACHED: ☐ Recent labs ☐ Relevant notes ☐ Imaging / BMD ☐ Prior consult letters

☐ Patient knows about and agrees to this referral * ☐ Patient can attend a video or phone visit * ☐ OK to contact patient by phone or email to book *

REFERRING PROVIDER SIGNATURE | DATE

PRINT, SIGN & FAX TO 604-688-3660
Click here to print · include recent labs

Online submission
Coming soon

Patient intake form
Coming soon