EMERGE WELLNESS MD

HRT Referral Form

Hormone Health & Aesthetics for Midlife Women

Unit #307 – 301 E. Columbia St., New Westminster, BC V3L 3W5
Tel: 778-628-6568 Fax: 1 (778) 770-4790 doctorkkteam@gmail.com emergewellnessmd.com

BILLING NOTE
Consultations with Dr. Kelly Kasteel (MD, CCFP) are covered by MSP. Consultations with our nurse practitioners are private pay, as NPs do not have access to MSP billing.

REFERRING PROVIDER INFORMATION

Physician / NP Name: _____ College / CPSBC #: _____

Clinic / Practice Name: _____

Phone: _____ Fax: _____

Email: _____ Date of Referral: _____

PATIENT INFORMATION

Full Name: _____ Sex: _____

Date of Birth (YYYY-MM-DD): _____ PHN: _____

Phone: _____ Email: _____

Mailing Address: _____

REASON FOR REFERRAL (check all that apply)

- ☐ Perimenopause symptoms
- ☐ Menopause symptoms
- ☐ Low libido / low testosterone
- ☐ Hormone optimization / HRT management

Other: _____

Current symptoms (check all that apply):

- ☐ Hot flashes / night sweats
- ☐ Mood changes / irritability / anxiety
- ☐ Brain fog / memory concerns
- ☐ Sleep disturbance
- ☐ Vaginal dryness / discomfort
- ☐ Fatigue
- ☐ Joint pain
- ☐ Irregular / heavy periods

Other: _____

RELEVANT MEDICAL HISTORY (check all that apply)

- ☐ Personal history of breast cancer
- ☐ Personal history of endometrial / ovarian cancer
- ☐ History of VTE (blood clot / DVT / PE)
- ☐ History of stroke or MI
- ☐ Migraine with aura
- ☐ Uncontrolled hypertension
- ☐ Active liver disease
- ☐ Undiagnosed abnormal vaginal bleeding
- ☐ Current smoker
- ☐ None of the above

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Current medications: _____

Allergies: _____

REQUIRED BLOODWORK: PLEASE COMPLETE PRIOR TO APPOINTMENT

To make the most of your patient's first visit, please arrange for the bloodwork below and fax results to 1 (778) 770-4790 (must dial the 1, even if calling locally) before the scheduled appointment date.

- Vitamin D
- Electrolytes
- TSH
- Vitamin B12
- Total Testosterone
- Bioavailable Testosterone
- CBC
- Liver Function Tests (LFTs)
- Ferritin
- SHBG (Sex Hormone Binding Globulin)
- Free Testosterone

REFERRING PROVIDER SIGNATURE

Print Name: _____ Date: _____

Signature: _____

Thank you for trusting Emerge Wellness MD with your patient's hormone health. Once we receive this form and bloodwork, our team will reach out to book the appointment.