

# CLIPS

Centre for Liver and Pancreas Surgery  
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## London Health Sciences Centre

Patient Name: \_\_\_\_\_

HIN: \_\_\_\_\_ VC: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Alternate \_\_\_\_\_

\_\_\_\_\_

Translator Required: Yes  No

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Presenting Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of completed tests and location (enclose copies):

\_\_\_\_\_

\_\_\_\_\_

Medical and Surgical History:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies:

\_\_\_\_\_

Family Physician: \_\_\_\_\_

Referring Physician: (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_