M·A·G·I·C CLINIC

REFERRAL FORM

MUST BE COMPLETED IN FULL

PATIENT INFORMATION		
Legal Last Name:	**Legal First Name:**	**Middle Name:**
Provincial Health Number:	**Date of Birth: (YYYY-MON-DD)**	**Gender:** ☐ Male ☐ Female ☐ Other
Full Address:		
City:	**Province:**	**Postal Code:**
Primary Phone #:	**Secondary Phone #:**	**Email Address:**
☐ **Interpreter required: - Language:**		

IF PEDIATRIC PATIENT (<18 YEARS)		
Parent/Guardian #1 Full Name:	**#1 Phone:**	**#1 Email:**
Relationship to Patient:		
Parent/Guardian #2 Full Name:	**#2 Phone:**	**#2 Email:**
Relationship to Patient:		

REFERRING PROVIDER INFORMATION

Referring Provider Full Name: _____AB PRAC ID of Referring Provider: _____

Other Referral ID (non-Alberta): _____Province of (non-Alberta) Referring Provider:_____

Referring Provider Clinic: _____Address:_____

Phone Number:_____ Fax Number: _____

***Please indicate the following:**

☐ Patient is aware of the referral and agrees to be contacted by M.A.G.I.C. Clinic Ltd.

☐ Patient is already a patient of Dr. Aneal Khan at M.A.G.I.C. Clinic Ltd.

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REFERRAL CRITERIA: *AT LEAST ONE MUST BE SELECTED FOR REFERRAL TO BE ACCEPTED*

PEDIATRIC (<18 Years)	**ADULT (>18 Years)**
☐ General Genetic/Metabolic Assessment	☐ General Genetic/Metabolic Assessment
☐ Ongoing care for a Genetic/Metabolic Diagnosis	☐ Hereditary Cancer Assessment
☐ Assessment for Hypermobility, postural orthostatic tachycardia (POTS), or mast cell activation syndrome (MCAS)	☐ Familial Hyperlipidemia Assessment
☐ Rapid Pediatric Focused Assessment	
OTHER	**PRIVATE PAY SERVICES**
☐ Formal Second Opinion	☐ Whole Genome Sequencing (WGS)
☐ Transfer of Care	☐ Pharmacogenomic Testing
☐ Family Member Counselling/Testing	☐ Absence of Heterozygosity Analysis
☐ Clinical Trial Consideration	☐ Non-Invasive Prenatal Screening (≥10 weeks gestation)
☐ Out-of-Province Consultation	☐ Re-interpretation (official) of Genetic Results from DNA Testing

MEDICAL HISTORY

Please provide detailed medical history/suspected diagnosis/reason for assessment:

PLEASE NOTE:

For more information regarding our referral inclusion and exclusion criteria please refer to our website at https://magiccalgary.ca

MAGIC Clinic Ltd. does not charge membership fees and does not bill patients for medical services that can be billed to provincial healthcare or insurance. Many services may not be covered by a provincial health plan or insurance and patients will be notified of any possible costs prior to the service. No payment is required to request an appointment.