

Referral Form: Dr. Spiro Polyhronopoulos
 Suite 701 –1160 Burrard St., Vancouver, BC V6Z 2E8
 Fax to 604–568–0665 Telephone 604–428–8787

Referred for: IME Medical–Legal Report Ongoing Care of Patient

Patient/Examinee Name	Date of Birth (day, month, year)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address		
Telephone (home) (cell)	PHN	
Referring Physician Lawyer/ Adjuster fax telephone	Family Physician fax telephone	
Date of Injury/Accident (day, month, year)	English interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide interpreter	
Type of Injury (head, neck, back, etc.)		
Emergency Department treatment at		
Brief Summary of CT Scan, X-ray, and MRI results		
Current Health Status – Physical, Cognitive, Emotional, and Employment		
Significant pre-injury medical and/or drug issues		
Additional Information that may be helpful		