



Greetings,

ACT Medical Centre provides treatment, counseling and physician services for:

- Opioid Used Disorder
- Alcohol Use Disorder
- Chronic Pain Management
- Chronic Musculoskeletal Pain
- Chronic Myofascial Pain
- Chronic Regional Pain Syndrome
- Substance Use Disorder
- Benzodiazepine Use Disorder
- Hepatitis C Screening & Treatment
- Chronic Neuropathy
- Fibromyalgia

Medical and clinical professionals provide expertise in a customized client-centered environment. Effective outcomes are supported in a safe, caring, respectful environment. Treatment is provided in collaboration with community service providers to aid in the patient's holistic health.

If you feel any of your patients would benefit from a consultation with ACT Medical, please contact us at one of the numbers below. Included is our referral form.

Please phone, fax or email with any inquiries you may have.

Thank you!

ACT Medical Medicine Hat

402 Maple Ave, Medicine Hat
Ph: (403)504-1874 | F: (403)504-5038

ACT Medical Calgary Downtown

1410 11 Ave SW, Calgary
Ph: (403) 232-6990 | F: (403)232-6992

ACT Medical Lethbridge

528 6 Street South, Lethbridge
Ph: (403)942-3003 | F: (403)942-4848

ACT Medical Red Deer

5209 50 Ave, Red Deer
Ph: (587) 272-0228 | F: (403)986-1157

ACT Medical Grande Prairie

10702 100 Street, Grande Prairie
Ph: (587) 259-2681 | F: (587)259-1248



PHYSICIAN REFERRAL FORM

DATE: _____

REFERRAL REASON (PLEASE DESCRIBE)

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REFERRING PHYSICIAN INFORMATION

Name:		Prac ID:	
Address:		City/Province:	
Email Address:		Postal Code:	
Phone #:	Fax #:		

PATIENT INFORMATION

Last Name:		First Name:	
AB Health Care Number:		Out of Province Health Care:	
Address:		City/Province:	
Phone #:		Postal Code:	
<p>Opiate and other substance use history / Chronic pain history and treatment history:</p> <hr/> <hr/> <hr/> <p>Medications:</p> <hr/>			

PLEASE INDICATE WHICH CLINIC YOU ARE REFERRING YOUR PATIENT TO:

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