

FAX



Suite 401 505-8840 210 St

Langley, BC V1M 2Y2

www.greenleafmc.ca

TO: Test Recipient	Date: 01/22/2026
From: Greenleaf Medical Clinic	Phone: (604) 371-4769
Fax: (604) 371-2044	Pages: 5

Comments

The standard Lorem Ipsum passage, used since the 1500s

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PATIENT REFERRAL FORM

 URGENT SEMI-URGENT

Suite 401 505-8840 210 St
 Langley, BC V1M 2Y2
 t: (604) 371-4769
 f: (604) 371-2044
www.greenleafmc.ca

PHYSICIAN INFORMATION

Referring Physician:	Phone:	Fax:
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Billing #:		
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Family Physician:	Phone:	Fax:
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PATIENT INFORMATION

Last Name:	First :	Middle:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Date of Birth: (dd/mm/yyyy)	Personal Health Number:		
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Address:	City:	Province:	Postal Code:
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Home Phone:	Cell Phone:	Email:
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PATIENT MEDICAL HISTORY

MENTAL HEALTH CONDITIONS

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Bi-Polar	<input type="checkbox"/> PTSD
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Sleep Disorder
<input type="checkbox"/> Autism/Developmental Delay	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Schizophrenia

GASTROINTESTINAL CONDITIONS

<input type="checkbox"/> Appetite	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Irritable Bowel Syndrome
<input type="checkbox"/> Colitis	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Nausea

NEUROLOGICAL/PAIN CONDITIONS

<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Complex Regional Pain Syndrome	<input type="checkbox"/> Parkinson's Disease
<input type="checkbox"/> Arthritis-Osteoarthritis	<input type="checkbox"/> Degenerative Disc Disease	<input type="checkbox"/> Pelvic Pain/Endometriosis
<input type="checkbox"/> Arthritis-Rheumatoid Arthritis	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Post Surgical Pain
<input type="checkbox"/> Back & Neck Pain	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> PMS/Menstrual Cramps
<input type="checkbox"/> Bladder Pain	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Repetitive Strain Injury
<input type="checkbox"/> Brain/Head Injury/Concussion	<input type="checkbox"/> Jaw Pain	<input type="checkbox"/> Spinal Cord Injury/Disease
<input type="checkbox"/> Central Sensitivity Syndrome	<input type="checkbox"/> Migraines	<input type="checkbox"/> Trauma
<input type="checkbox"/> Chronic Pain/Neuropathic Pain	<input type="checkbox"/> Muscle Spasms	

CANCER CONDITIONS

<input type="checkbox"/> Appetite	<input type="checkbox"/> Nausea
<input type="checkbox"/> Cancer	<input type="checkbox"/> Pain

MISC./OTHER CONDITIONS

<input type="checkbox"/> Chronic Fatigue Syndrome	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Menopause
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Libido	<input type="checkbox"/> POTS
<input type="checkbox"/> Other		

Please select medication that has been tried:				
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<input type="checkbox"/> Gabapentin/Lyrica	<input type="checkbox"/> Muscle Relaxants	<input type="checkbox"/> Opioids	<input type="checkbox"/> NSAIDS	<input type="checkbox"/> SSRI
<input type="checkbox"/> IV Lidocaine	<input type="checkbox"/> IV Ketamine	<input type="checkbox"/> Nabilone	<input type="checkbox"/> Tramadol	<input type="checkbox"/> Amitriptyline/Nortriptyline

Does the patient have any UNCONTROLLED mania, schizophrenia, depression, using sedatives/hypnotics/other psychoactive drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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DO SEND: List of medications. Any injury or disease relevant imaging such as XRay, CT, MRI etc. As well as relevant consults (psych, neuro, rheum and surgical.) **DO NOT SEND:** Bloodwork results.

Other Medical History:	
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Email referral to: fax@greenleafmedicalclinic.ca OR Fax referral to 1-604-371-2044

Physician Signature:	Date:
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Rudra Innovative Software Pvt. Ltd.

Attendance & Punctuality Policy

1. Purpose

This policy aims to define the standards of attendance and punctuality for all employees, ensuring operational efficiency and fairness while maintaining flexibility where appropriate.

2. Scope

This policy applies to all full-time and part-time employees of Rudra Innovative Software Pvt. Ltd.

3. Office Hours & Flexibility

3.1 Standard Working Hours

- 9:30 AM – 7:00 PM (9 hours 30 minutes per day).

3.2 Flexible Arrival

- Employees may arrive between 9:30 AM – 10:30 AM without any deductions.
- Work hours must be extended if arrival is later than 9:30 AM to complete the required 9.5 hours.
 - *Example:* Arrival at 10:30 AM → Work until 8:00 PM.

3.3 Lunch Break

- 2:00 PM – 2:40 PM (fixed, not counted as work hours).

4. Short Leave Policy

4.1 Daily Limit

- Only one short leave is permitted per day (morning **or** evening).

4.2 Monthly Limit

- Maximum of three short leaves per month.

4.3 Excess Short Leave

- Additional short leaves will be adjusted against half-day leave, casual leave, or salary deduction.

4.4 Exceptions

- Prior approval from the Manager/HR is required for exceptions.

5. Late Arrival Policy

5.1 Permitted Late Arrivals

- Up to three late arrivals per month until 10:45 AM are permitted without a late mark, provided work hours are completed.

5.2 Late Mark

- Arrival after 10:30 AM (beyond the flexible window) will be recorded as a **Late Mark**.

5.3 Deductions

- 3 Late Marks → $\frac{1}{2}$ day leave deduction
- 6 Late Marks → 1 full day leave deduction

5.4 Impact

- Frequent late arrivals may affect appraisals, increments, and promotions.
- Continued tardiness may result in disciplinary action.

6. General Guidelines

- Lunch break is **fixed** and cannot be shifted.
- Flexibility applies to working hours, not reduction in total work duration.
- Employees must **inform HR/Manager in advance** for genuine delays or emergencies.
- Misuse of short leave or flexible timings may result in stricter action.

7. Compliance

All employees are expected to comply with this policy. Non-compliance may result in disciplinary measures in accordance with company's HR practices.