

**Ambulatory Clinics Referral**  
Phone and Fax:  
(See Under Services Requested)

SURNAME		FIRST NAME	
PERMANENT ADDRESS			
POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE
DATE OF BIRTH DD/Mth/YEAR		AGE	
PHN			

Date of referral: \_\_\_/\_\_\_/\_\_\_  
DD / Mth / YEAR

**OK for BC Women's Hospital to contact patient?**  YES  NO

Interpreter required  Y  N (see reverse)

Language: \_\_\_\_\_

Referring MD/Midwife: \_\_\_\_\_ MSP Billing #: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Indication for Referral:** \_\_\_\_\_

**Services Requested:**

**MRSA Positive**

**Internal Medicine**  
Ph: 604-875-2160  
Fax: 604-875-2871

**Hematology**  
Ph: 604-875-2288  
Fax: 604-875-2871

**Anesthesia**  
Ph: 604-875-2288  
Fax: 604-602-8649

- Dr. W.S. Chan
- Dr. Susan Purkiss
- Dr. T. Chaworth-Musters

- Dr. P. Tsang
- Dr. C. Li
- Dr. L. Zypchen
- Dr. W.S. Chan

**\*\*OB Consult must be submitted by 32-34 weeks GA\*\***

**G T P ECT SA TA L LNMP** \_\_\_/\_\_\_/\_\_\_ **EDD** \_\_\_/\_\_\_/\_\_\_ **GA:** \_\_\_\_\_  
DD / Mth / YEAR DD / Mth / YEAR (at date of referral)

- Pre-pregnancy
- Pregnant
- Postpartum
- Gynecological (IM/Anes only)

**Please attach following documents:**

- Antenatal Record 1 & 2 (if pregnant)
- Bloodwork/Labs
- Consultations
- Ultrasound or Diagnostic Reports

Received BCW:

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**Referring Office Checklist:**

- Care card and Photo ID
- Directions (Entrance #93) – web instructions/map
- Scent Free Clinic

**FOR BC WOMEN'S OFFICE USE ONLY:**

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

Appointment date: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
DD / Mth / YEAR TIME

- Referring office Notified
- Patient Notified
- Cerner

Reviewed by: \_\_\_\_\_  
Date: \_\_\_\_\_

**Key:** (abbreviations): EDD = expected date of delivery PHN = Personal Health Care Card Number OB = Obstetrical

**Provincial Language Service Interpretation criteria:**

- Patient will be asked to sign **Informed Consent** for treatment/procedure and patient is not fully fluent in English
- Patient has little or no English skills and has no family/friend to translate for them during clinical encounter

Provincial Language Service does not come without significant cost.

If your patient has basic English language skills and can manage her appointment that does not include consent, diagnosis or treatment, please do not request an interpreter.

All information and medical terminology is explained in simple English so the use of an interpreter is not necessary for most appointment types. Should we determine that there is in fact a need, we will access interpretation support via telephone which is an effective modality for interpreting health care as indicated in the most recent literature and current best practices.

Thank you for your cooperation and support.

Maternity Ambulatory Programs  
BC Women's Hospital & Health Centre