		SURNAME FIRST NAME PERMANENT ADDRESS			
BC WOMEN'S HOSPITAL+	PERMANENT				
HEALTH CENTRE Provincial Health Services Authority	POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE	
Anesthesia Clinic Referral hone: 604-875-2288	DATE OF BIR	TH DD/Mth/YEAR	AGE		
ax: 604-602-8649	PHN	PHN			
ite of referral:// DD / Mth / YEAR	OK for BC Wome Email Address: Interpreter required				
	Language:				
eferring MD/Midwife:	MSP Billing #	#:			
Phone:					
**OB Consult	must be submitted by	EDD/	_/ (GA:	
G T P ECT SA TA L	-	EDD/ 		(at date of referral)	

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

Page 1 of 2

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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