

Ambulatory Clinics Referral
 Phone: (See Services Requested)
 FAX: (604) 875-2871

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Internal Medicine
(604) 875-2160 | <input type="checkbox"/> Infectious Disease
(604) 875-2288 | <input type="checkbox"/> Hematology
(604) 875-2288 | <input type="checkbox"/> Anesthesia
(604) 875-2288 |
| <input type="checkbox"/> Dr. W.S. Chan | <input type="checkbox"/> Dr. J. van Schalkwyk | <input type="checkbox"/> Dr. P. Tsang | |
| <input type="checkbox"/> Dr. Jayson Potts | <input type="checkbox"/> Dr. D. Money | <input type="checkbox"/> Dr. C. Li | |
| <input type="checkbox"/> Dr. Susan Purkiss | <input type="checkbox"/> Dr. C. Elwood | <input type="checkbox"/> Dr. L. Zypchen | |
| <input type="checkbox"/> Dr. T. Chaworth-Musters | | <input type="checkbox"/> Dr. W.S. Chan | |

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/ID/Anes only)

Please attach following documents:

Received BCW:

- | | |
|---|--------------------------|
| <input type="checkbox"/> Antenatal Record 1 & 2 (if pregnant) | <input type="checkbox"/> |
| <input type="checkbox"/> Bloodwork/Labs | <input type="checkbox"/> |
| <input type="checkbox"/> Consultations | <input type="checkbox"/> |
| <input type="checkbox"/> Ultrasound or Diagnostic Reports | <input type="checkbox"/> |

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

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