



REFERRAL TO REPRODUCTIVE INFECTIOUS DISEASES/OAK TREE CLINIC

E600B- 4500 Oak St, Vancouver, BC V6H 3N1
 Phone: 604-875-2212 Fax: 604-875-3063

Date of referral: ____/____/____
 DD / Mth / YEAR

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

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

Interpreter required: Y N (see reverse) Language: _____

Is patient aware of this referral? Yes No

Referring MD/Midwife: _____ MSP Billing #: _____

Phone: _____ FAX: _____

Primary care provider info (If not the same as above): _____ MSP Billing #: _____

REASON FOR REFERRAL _____

ROUTINE **ASAP** **URGENT**

Requesting: In-person consult Virtual/Phone Provider to provider consult

Transportation Issues? No Yes Details: _____

For pregnant patients:

G T P ECT SA T A L LNMP ____/____/____ **EDD** ____/____/____ **GA:** _____
 DD / Mth / YEAR DD / Mth / YEAR (at date of referral)

PLEASE CHOOSE THE CORRECT SECTION BELOW AND PROVIDE ALL THE DOCUMENTATION REQUESTED:

<p>General HIV Referrals:</p> <p><input type="checkbox"/> Consultation letter <input type="checkbox"/> Recent pap smear <input type="checkbox"/> Recent labs/bloodwork <input type="checkbox"/> Medication profile <input type="checkbox"/> Recent viral load & CD4 <input type="checkbox"/> Diagnostic reports <input type="checkbox"/> All hepatitis serology</p>	<p>Reproductive Infectious Diseases:</p> <p><input type="checkbox"/> Consultation letter <input type="checkbox"/> Dating ultrasound (if pregnant) <input type="checkbox"/> Recent labs/bloodwork <input type="checkbox"/> Diagnostic reports <input type="checkbox"/> Current antenatal records (if pregnant) <input type="checkbox"/> Recent Pap smear <input type="checkbox"/> Antenatal records from previous pregnancy <input type="checkbox"/> Medication profile</p>
<p>OB HIV Referrals (Antepartum):</p> <p><input type="checkbox"/> Consultation letter <input type="checkbox"/> Current antenatal records <input type="checkbox"/> Recent labs/bloodwork <input type="checkbox"/> Antenatal records from previous pregnancy <input type="checkbox"/> Recent viral load & CD4 <input type="checkbox"/> Dating ultrasound <input type="checkbox"/> Recent hepatitis serology <input type="checkbox"/> Medication profile <input type="checkbox"/> Recent pap smear</p>	<p>HIV Pre-Pregnancy Counselling:</p> <p><input type="checkbox"/> Consultation letter <input type="checkbox"/> Ultrasound or diagnostic reports <input type="checkbox"/> Recent labs/bloodwork <input type="checkbox"/> Recent Pap smear (female partner) <input type="checkbox"/> Recent HIV serology (if presumed HIV negative) <input type="checkbox"/> Medication profile <input type="checkbox"/> Recent viral load & CD4 (if presumed HIV+) <input type="checkbox"/> Relevant partner HIV serology/ VL (for HIV+ partner) <input type="checkbox"/> Recent hepatitis serology</p>

Once all documentation is received, we will triage your referral and contact the patient directly with an appointment. Thank you for your referral. Page 1 of 2

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.

Oak Tree Clinic
BC Women's Hospital & Health Centre