

Date of referral:	//	
	DD / Mth / YEAR	

	SURNAME FIRST NAME				
BC WOMEN'S HOSPITAL+	PERMANENT ADDRESS				
HEALTH CENTRE  Provincial Health Services Authority	POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE	
Penicillin De-labelling Clinic Referral Phone: (604) 875-3548	DATE OF BIRTI	H DD/Mth/YEAR	AGE		
Fax: (604) 875-2871  Date of referral:// DD / Mth / YEAR	OK for BC Women's Hospital to contact patient?				
DD/ MILI / TEAN	Email		terpreter required	Y N (see reverse)	
		Language:			
Referring MD/Midwife:	MSP Bil	ling #:			
Phone:	FAX :				
				☐ MRSA Positive	
Criteria for Referral :					
☐ Pre-registered for delivery at BCWH					
☐ Pregnant (< 36 weeks)					
☐ History of/ or possible reaction to Penicillin					
G T P ECT SA TA L L	NMP//	FDD /		GA:	
d i r ECI 3A IA E E	DD / Mth /YEAR		Mth /YEAR (at date o		
Please attach following documents:	Received BCW:	1	Referring Office Checklist:		
☐ Antenatal Record 1 & 2 (if pregnant)		1	Care card and Photo	o ID	
☐ Bloodwork/Labs			☐ Directions (Entrance		
Consultations	_		web instructions/map		
☐ Ultrasound or Diagnostic Reports		1	Scent Free Clinic		
Appointment date://	Date:				
Appointment date/					
DD / Mth /YEAR TIME					
☐ Referring office Notified					
☐ Patient Notified					
☐ Cerner	<b>Kev</b> : (ahhreviations):	FDD = expected date of delivery	DHN — Parconal Haalth Care Card Numb	ner	

Page 1 of 2

This form is for the sole use of the intended recipient(s). and contains confidential and privileged information. Any unauthorized use, disclosure or distribution is prohibited. If you are not the intended recipient please contact the sender and destroy all copies.

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

## **Provincial Language Service Interpretation criteria:**

Patient will be asked to sign <b>Informed Consent</b> 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

OCT.2020 Page 2 of 2