

REFERRAL TO OAK TREE CLINIC
 E600B- 4500 Oak Street, Vancouver BC V6H 3N1
 Phone: 604-875-2212 Fax: 604-875-3063

BC WOMEN'S HOSPITAL+ HEALTH CENTRE 
 An agency of the Provincial Health Services Authority

Date: _____ ROUTINE ASAP URGENT

Patient Demographics:	
LAST NAME: _____	HOME PHONE: _____
FIRST NAME: _____	ALT. PHONE: _____
DATE OF BIRTH: _____	ADDRESS: _____
PHN: _____	_____
Interpreter Needed? <input type="checkbox"/> NO <input type="checkbox"/> YES Language(s): _____	
Transportation Issues? <input type="checkbox"/> NO <input type="checkbox"/> YES Detail: _____	

REFERRED BY: _____

OFFICE PHONE: _____ OFFICE FAX: _____

IS PATIENT AWARE OF THIS REFERRAL? YES _____ NO _____

PRIMARY CARE PROVIDER (if not the same as the above): _____

PLEASE PROVIDE ALL THE FOLLOWING PATIENT DOCUMENTATION:

<p>For General Referrals:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consultation letter <input type="checkbox"/> Recent chemistry and hematology bloodwork <input type="checkbox"/> Recent viral load & CD4 <input type="checkbox"/> All hepatitis serology <input type="checkbox"/> Recent pap smear <input type="checkbox"/> Medication profile 	<p>For OB Referrals (Antepartum):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consultation letter <input type="checkbox"/> Recent chemistry and hematology bloodwork <input type="checkbox"/> Recent viral load & CD4 <input type="checkbox"/> Recent hepatitis serology <input type="checkbox"/> Recent pap smear <input type="checkbox"/> Current antenatal records <input type="checkbox"/> Antenatal records from previous pregnancy <input type="checkbox"/> Medication profile
<p>For Pregnancy Counselling (Female Partner):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consultation letter <input type="checkbox"/> Basic Demographics <input type="checkbox"/> Recent chemistry and hematology bloodwork <input type="checkbox"/> Recent HIV serology (if presumed HIV negative) <input type="checkbox"/> Recent viral load & CD4 (if presumed HIV+) <input type="checkbox"/> Recent hepatitis serology <input type="checkbox"/> Recent pap smear 	<p>For Pregnancy Counselling (Male Partner):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consultation letter <input type="checkbox"/> Basic Demographics <input type="checkbox"/> Recent chemistry and hematology bloodwork <input type="checkbox"/> Recent HIV serology (if presumed HIV negative) <input type="checkbox"/> Recent viral load & CD4 (if presumed HIV+) <input type="checkbox"/> Recent hepatitis serology

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