

REFERRAL TO OAK TREE CLINIC

B432- 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: _____	_____
Interpretation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Transportation Issues? <input type="checkbox"/> YES <input type="checkbox"/> NO
Language: _____	_____

REFERRED BY: _____

OFFICE PHONE: _____ OFFICE FAX: _____

We thank you for your referral. In order to triage your referral properly, we require additional patient documentation. If you are not the patient's or their partner's primary health care provider, please let us know whose office we would need to contact to obtain the documentation we are requesting. Once all documentation is received, we will triage your referral accordingly and contact the patient directly with an appointment. Thank you for your time.

<p>For General Referrals:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recent chemistry and hematology blood work <input type="checkbox"/> Recent viral load & CD4 <input type="checkbox"/> All hepatitis serology <input type="checkbox"/> Recent pap smear <input type="checkbox"/> Most recent consultation letter / medication profile <input type="checkbox"/> Other: 	<p>For OB Referrals (Antepartum):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recent chemistry and hematology blood work <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"/> Most recent consultation letter / medication profile <input type="checkbox"/> Other:
<p>For Pregnancy Counseling (Female Partner):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic Demographics <input type="checkbox"/> Recent chemistry and hematology blood work <input type="checkbox"/> Recent HIV serology (if presumed HIV-ive) <input type="checkbox"/> Recent viral load & CD4 (if presumed HIV+ive) <input type="checkbox"/> Recent hepatitis serology <input type="checkbox"/> Consultation letter of recent date <input type="checkbox"/> Recent pap smear <input type="checkbox"/> Other: 	<p>For Pregnancy Counseling (Male Partner):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic Demographics <input type="checkbox"/> Recent chemistry and hematology blood work <input type="checkbox"/> Recent HIV serology (if presumed HIV-ive) <input type="checkbox"/> Recent viral load & CD4 (if presumed HIV+ive) <input type="checkbox"/> Recent hepatitis serology <input type="checkbox"/> Consultation letter of recent date <input type="checkbox"/> Other:

FOR OAK TREE CLINIC USE ONLY:	
APPT DATE/TIME: _____	MRN: _____