

Telephone: (604)875-2854 | Fax: (604)875-2483 | Email: NFUPReferrals@cw.bc.ca

Date of referral: _____ Referral hospital: _____

Child's SURNAME: _____ Child's FIRST NAME: _____

Gender: ☐ Female ☐ Male DOB (day / mo / yr) _____/_____/_____

EDC (day / mo / yr) _____/_____/_____

PHN: _____ Does family self identify as Indigenous? ☐ Yes ☐ No

Gestation at birth: _____ Birth weight (kg): _____

Address: _____ City _____ Postal code _____

Tel. number: _____ Alternative tel. number: _____

Parent email address: _____

Child lives with: Caregiver name(s): _____

Relationship to child: _____

Legal guardian (if different from above): _____

Legal guardian phone: _____

Legal guardian address: _____

Referral criteria (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Gestational age $\leq 25 + 6$ weeks | <input type="checkbox"/> Patients receiving ECLS at BC Children's Hospital |
| <input type="checkbox"/> Birth weight ≤ 800 g | <input type="checkbox"/> Discharged home on oxygen or respiratory support |
| <input type="checkbox"/> Grade 3-4 Intraventricular hemorrhage (IVH) | <input type="checkbox"/> Necrotizing enterocolitis (NEC) requiring surgical intervention |
| <input type="checkbox"/> Periventricular leukomalacia (PVL) on brain imaging | <input type="checkbox"/> Hypoxic Ischemic encephalopathy (HIE) Sarnat 2-3 or receiving therapeutic hypothermia (at BC Women's Hospital) |
| <input type="checkbox"/> Severe retinopathy of prematurity (ROP) \geq stage 3 or requiring treatment | <input type="checkbox"/> Micare recruit: <29 week GA at birth, born in Canada |
| <input type="checkbox"/> Congenital diaphragmatic hernia (CDH) | |

Comments: _____

Interpreter needed: ☐ Yes ☐ No

Social considerations (if any): _____

Referring clinician (print name): _____ Phone: _____

Other services following child at discharge: _____

Family physician (if known): _____

Paediatrician (if known): _____

Please fax form to (604)875-2483 or email to NFUPReferrals@cw.bc.ca. Thank you for your referral.