British Columbia's Children's Hospital

Community Partnerships in Pediatric Cardiology Booking Request Form/Referral

Please complete and **fax to (604) 875-3541**.

**********IF THIS IS AN URGENT REFERRAL PLEASE CONTACT CARDIOLOGY ON-CALL @ 604-875-2161**********

Patient's Name (Last, First, Middle)		Gender	Referral Date
Birthdate (yyyy/mm/dd)	PHN / HIN		HR / MRUN
Address			Referring Physician / Phone Number
Parent/Caregiver:	Phone:		Cell Phone:
Cardiologist	Paediatrician		Family Physician
Email:	Interpreter Required: Y____ N____ Language_____		

REASON FOR REFERRAL: □ **Inpatient** □ **Outpatient**

****PLEASE INCLUDE ALL RELEVANT TESTING AND CONSULTATIONS. INCOMPLETE REFERRALS MAY DELAY BOOKING OF APPOINTMENT**

Preferred Clinic Location:

Fraser Health

□ **Abbotsford**
□ **Surrey**

Yukon Health

□ **Whitehorse**

Interior Health

□ **Cranbrook**
□ **Kamloops**
□ **Kelowna**
□ **Penticton**
□ **Trail**
□ **Vernon**
□ **Williams Lake**

Northern Health

□ **Fort St John**
□ **Prince George**
□ **Terrace**
□ **Hazelton**