



## Inherited Bleeding Disorders Program of BC

Adult Division - St. Paul's Hospital  
1081 Burrard Street, West Burrard Building, Room 491  
Vancouver, B.C. V6Z 1Y6

Phone: 604-806-8855 Fax: 604-806-8784

Toll Free: 1-877-806-8855

H&HClinics@providencehealth.bc.ca

Date of Referral: \_\_\_\_\_

### Instructions for referring office:

1. All referrals must be completed on this form.
2. Provide as much detail as possible to ensure patient can be triaged quickly and appropriately.
3. Send all relevant investigations and reports from previous years. Note: Incomplete referral packages will not be processed.

### PATIENT INFORMATION

|                        |   |  |
|------------------------|---|--|
| Surname:               | Given name:   | Preferred name:  |
| DOB:<br>Month/Day/Year | Gender: <input type="checkbox"/> Male                 | <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Address:               | Email address:  |  |
| Telephone #: (home):   | cell:   | work:  |
| Health Card Number:    |   |  |
| Interpreter needed:    | <input type="checkbox"/> Yes (specify language) _____ | <input type="checkbox"/> No                                    |

### PROVIDER INFORMATION

|  |        |
|--|--------|
| Referring Provider:  | MSP#   |
| Telephone #:   | Fax #: |
| Address:   |        |
| Was this patient seen by a hematologist in the past:<br><input type="checkbox"/> Yes (Name: _____ ) <input type="checkbox"/> No <input type="checkbox"/> Unknown |        |

### REASON FOR REFERRAL

|  |
|--|
| <input type="checkbox"/> Family History of Bleeding Disorders: |
| <input type="checkbox"/> Suspected Diagnosis:                  |
| Comments:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Fax all referrals to 604-806-8784**