



Community Partnerships in Pediatric Cardiology Booking Request Form/Referral
Please complete the top portion of this form only and fax to (604) 875-3541

Patient's Name (Last, First, Middle)		Referral Date:
Birthdate (yyyy/mm/dd)	PHN / HIN	HR / MRUN
Address		Referring Physician / Phone Number
Next of Kin #1	Home Phone	Work Phone
Next of Kin #2	Home Phone	Work Phone
Cardiologist	Paediatrician	Family Physician
Suspected or Actual and Other Relevant Clinical Information:		

PARTNERSHIP OFFICE USE ONLY

Purpose of Referral: <input type="checkbox"/> Initial Diagnosis/Assessment <input type="checkbox"/> Long Term Follow Up	
Appointment Selection: <input type="checkbox"/> Partnership Consult – New Patient <input type="checkbox"/> Partnership Consult – Follow Up <input type="checkbox"/> Partnership Nursing Assessment	Presenting Problem: <input type="checkbox"/> Asymptomatic murmur <input type="checkbox"/> Family History/Syndrome/Myopathy <input type="checkbox"/> Syncope/Palpitations/Arrhythmia <input type="checkbox"/> Chest pain/Exercise Intolerance <input type="checkbox"/> Acquired heart disease <input type="checkbox"/> Planned post intervention follow up <input type="checkbox"/> Planned medical follow up
Test Required: <input type="checkbox"/> Partnership ECHO <input type="checkbox"/> Pull Community Echo <input type="checkbox"/> ECG <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Holter <input type="checkbox"/> Partnership Exercise Test <input type="checkbox"/> Community Exercise Test	To be Seen Within <input type="checkbox"/> 1 – 3 months <input type="checkbox"/> 3 – 6 months <input type="checkbox"/> 6 – 12 months <input type="checkbox"/> 12 – 24 months Tentative Appt. Date: _____
Preferred Clinic Location <input type="checkbox"/> Kamloops <input type="checkbox"/> Prince George <input type="checkbox"/> Penticton <input type="checkbox"/> Kelowna <input type="checkbox"/> Vernon <input type="checkbox"/> Terrace <input type="checkbox"/> Trail <input type="checkbox"/> Ft. St. John <input type="checkbox"/> Whitehorse <input type="checkbox"/> Williams Lake	If Partnership Clinic is full, is the patient to be seen <input type="checkbox"/> at BCCH, or <input type="checkbox"/> at the next available Partnership Clinic in that area?
Comments:	
Intake Date:	Signature:

Please fax to (604) 875-3541 or Mail to B.C. Children's Hospital, Cardiology Partnership Program-Room 1C-54, 4480 Oak Street, Vancouver, BC. V6H 3V4.