



ENDOCRINOLOGY & DIABETES UNIT

Endocrinology Clinic: 604-875-2117

Toll-free Phone: 1-888-300-3088, x2117

Fax: 604-875-3231

<http://endodiab.bcchildrens.ca>

**COMMUNITY HEALTH SERVICES REFERRAL FORM
FOR CHILDREN WITH AN ENDOCRINE CONDITION**

Name: _____ Date of Birth: _____

Address: _____ PHN: _____

Home Phone: _____

Parents'/Guardian's Names: _____

School Name: _____ School Phone: _____

Address: _____

Diagnosis: _____

Reason for Referral: _____

Relevant Medical / Social History: _____

Family Doctor: _____ Phone: _____

Pediatrician: _____ Phone: _____

BCCH Pediatric Endocrinologist: _____

Endocrine Clinic Nurses: Mabel Tan, Susan Murphy and Mary Liem (please contact at phone numbers above)

Doctor Signature: _____