



ENDOCRINOLOGY & DIABETES UNIT

Endocrine Clinic: (604) 875-3611

Fax: (604) 875-3231

endodiab.bcchildrens.ca

**COMMUNITY HEALTH SERVICES REFERRAL FORM
FOR CHILDREN WHO ARE CORTISOL-DEPENDENT**

Name: _____

Date of Birth: _____

Address: _____

PHN: _____

Home Phone: _____

Parents'/Guardian's Names: _____

School Name: _____

School Phone: _____

Address: _____

Diagnosis: _____

Reason for Referral: to assist student to recognize illness or severe injury; contact family and, if needed; utilize 911 and ambulance for hospital transfer; and replace cortisol as directed.

Relevant Medical / Social History: _____

Family Doctor: _____

Phone: _____

Pediatrician: _____

Phone: _____

BCCH Pediatric Endocrinologist: _____

Endocrine Clinic Nurses: Sheila Kelton and Mary Liem (please contact at number above)

Doctor Signature: _____

Please note that the following handouts are available on our website: [Management of Hydrocortisone Replacement](#) and [School Letter for the Cortisol-Dependent Student](#).