



Division of Pediatric Hematology/Oncology/Blood & Marrow Transplant

Dr. Caron Strahlendorf, MBBCh, FCP, FRCPC
Division Head

Sylvia Cheng
MD, FRCPC, FAAP

Natasha Dato
MD, FRCP(C)

Rebecca J. Deyell
MD MHS Sc FRCP(C) FAAP

David B. Dix
MBChB, FRCP(C), FAAP

Jessica Halparin
MD, FRCP(C)

Melissa Harvey
MD, FRCP(C)

Juliette Hukin
MBBS, FRCP(C), FAAP

Amanda M. Li
MD, MSc, FRCP(C)

S Rod Rassekh
MD MHS Sc FRCP(C) FAAP

Meera Rayar
MD, FRCPC, FAAP

Jacob Rozmus
MD, PhD, FRCP(C)

Kirk Schultz
MD, FCAHS

John K. Wu
MBBS, MSc, FRCP(C)

Hematology Patient Referral Form
This form must be completed before an appointment will be made

Dear Physician colleague,

Thank you very much for your referral. Please help us to serve your patient better by filling out ALL the following information clearly, and attach ALL relevant laboratory reports and fax to us at the number on the bottom of the page. A Hematologist may call you to clarify any information sent. All new hematology referrals are reviewed by the hematologist-on-service at the time of referral. For urgent referrals call 604-875-2161 and ask to speak to the Hematologist on call.

Date of Referral: MRUN:
Patient Name: PHN#:
DOB: M F Ref MD:
Mailing Address: Ref MD Phone:
Primary MD:
Phone: (H) Parents/Guardians:
(W)

Reason for Referral (Please clearly state your clinical question or concern):

Relevant Past Medical History:

Has the patient been seen previously by a Hematologist at BC Children's Hospital?
Y N If yes, Name:

URGENCY OF REFERRAL:
Today - Phone 604-875-2161 and ask to speak to the Hematologist on call.
Within 2 weeks - Phone 604-875-2161 and ask to speak to the Hematologist on call.
Within 1 month - Attach all relevant lab reports and medical information.
Within 6 months - Attach all relevant lab reports and medical information.