



YOUTH HEALTH REFERRAL (12YRS – 18 YRS)

Dr. Curren Warf, Dr. Eva Moore, Dr. Pei-Yoong Lam, Dr. Dzung Vo, Sabrina Gill RN
Phone: 604-875-3472 Toll Free within BC: 1-888-300-3088 ext 3472
<http://www.bcchildrens.ca/our-services/clinics/youth-health-clinic>

Fax: 604-875-3958

Last Name: First: DOB:

Address:

City: Postal Code:

Phone: Cell:

PHN: MRUN:

Parent/Guardian Names/Relation:

*** IMPORTANT: PARENT/CAREGIVER AWARE OF REFERRAL? Yes No

**If No: Please include Youth's contact info so we can ensure confidentiality and contact them directly:

Youth Cell: Email:

REASON(S) FOR REFERRAL: Attach relevant reports and/or diagnostic tests

Is this referral for Mindful Awareness and Resilience Skills for Adolescents (MARS-A)? Yes No

OTHER HEALTHCARE PROVIDERS/COUNSELORS:

Name: Phone:

Name: Phone:

REFERRING PERSON INFORMATION

Referring Person: Designation/Dept:

Phone: Fax: Referral Date:

Primary Care Provider: Phone: