



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 NURSE 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: to provide education and safety planning for student related to endocrine condition

Relevant Medical / Social History: _____

Family Doctor: _____ Phone: _____

Pediatrician: _____ Phone: _____

BCCH Pediatric Endocrinologist: _____

Endocrine Clinic Nurse (contact at number above): _____

Doctor Signature: _____ Date: _____