



**ENDOCRINOLOGY & DIABETES UNIT**

Endocrinology Clinic: 604-875-2117

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

Fax: 604-875-3231

<http://endodiab.bcchildrens.ca>

**BCCH ENDOCRINE CLINIC REFERRAL FORM**

Referral to: Dr. \_\_\_\_\_ or to  Endocrinologist-on-call

Referring MD: \_\_\_\_\_ MSP# \_\_\_\_\_

MD phone: \_\_\_\_\_ MD fax: \_\_\_\_\_

Patient's first name: \_\_\_\_\_ Patient's last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (YYYY/MM/DD) Sex:  Male  Female  Other  Transgender

PHN: \_\_\_\_\_ Date of referral: \_\_\_\_\_ (YYYY/MM/DD)

Parent(s)/guardian's name(s): \_\_\_\_\_

Patient address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Interpreter/language? \_\_\_\_\_

**IMPORTANT:** Please be sure to include a growth chart and all pertinent labs with your referral. The referral will be prioritized by the Endocrinologist, and the family will be contacted directly with the appointment time. Missing information will delay our ability to schedule an appointment for this patient.

Please note that we have separate referral forms for our Diabetes and Gender Clinics on our website.

**PLEASE PAGE OUR ENDOCRINOLOGIST-ON-CALL AT 604-875-2161 FOR NEW-ONSET DIABETES OR LIFE-THREATENING ENDOCRINE CONDITIONS!**

Reason for referral: