



Community Partnerships in Pediatric Cardiology Booking Request Form/Referral
Please complete and fax to (604) 875-3541.

*******IF THIS IS AN URGENT REFERRAL PLEASE CONTACT
CARDIOLOGY ON-CALL @ 604-875-2161*******

| | | | |
|--------------------------------------|---------------|------------------------------------|---------------|
| Patient's Name (Last, First, Middle) | | Gender | Referral Date |
| Birthdate (yyyy/mm/dd) | PHN / HIN | | HR / MRUN |
| Address | | Referring Physician / Phone Number | |
| Parent/Caregiver: | Phone: | Cell Phone: | |
| Cardiologist | Paediatrician | Family Physician | |

Email: _____ Interpreter Required: Y ___ N ___ Language _____

REASON FOR REFERRAL: Inpatient Outpatient

**** PLEASE INCLUDE ALL RELEVANT TESTING AND CONSULTATIONS.
INCOMPLETE REFERRALS MAY DELAY BOOKING OF APPOINTMENT**

Preferred Clinic Location:

- Kamloops Kelowna Vernon Penticton Williams Lake
- Prince George Terrace Hazelton Cranbrook Trail
- Fort St. John Whitehorse
- Surrey Abbotsford