

SUNNY HILL HEALTH CENTRE BC Children's Hospital 4500 Oak Street, Vancouver, BC V6H 3N1 PHYSICIAN REFERRAL FORM for NEUROMOTOR PHYSICIANTO-PHYSICIAN PHONE CONSULT SERVICE

Phone: 604-875-2345 Toll Free: 1-888-300-3088 Fax: 604-453-8321

Date of Referral:	

This referral form is specific to the **pilot neuromotor physician-to-physician phone/teleconference service** at Sunny Hill Health Centre. The purpose of this service is to provide community physicians with guidance and resources for making a diagnosis of cerebral palsy, and to assist with tone management. Referring physicians will be booked for a 20-minute phone or teleconference appointment with a neuromotor specialist. Please use the standard Sunny Hill Health Centre Neuromotor referral form for all other patient referrals.

REFERRING PHYSICIAN: (Print Name)			_
PHYSICIAN SIGNATURE:	MSP #:		=
Address:	(city)	(postal code)	=
Office telephone: ()	Fax number: ()		-
Email:			_
Name of Family Physician:			
Child's Current and/or Working Diagnosis:			
Specific questions:			
-			
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PLEASE ATTACH A COPY OF MOST RE	CENT REPORTS AND MEDICAL INVE	STIGATIONS Yes	
PLEASE INDICATE REASON / PURPOSE	OF CONSULT		
☐ Support for diagnosing suspected cerebral	palsy (CP) and/or questions relating to CP	management	
Support for tone management			
Other (please describe:			_)
CHILD'S NAME:		PHN:	
Birthdate: (day/ month/ year)		Gender:	
Address:	City:	Postal code:	
Home Phone:	Work Phone:		
Child lives with: Mother	Father	Foster Family	
Legal Guardian Name(s):		Phone: ()	
Legal Guardian Address:			
City:F	Postal Code:	Interpreter required?	
Please select preferred time and method of	communication for the appointment:		
☐ Tuesdays between 11am - 1pm	or Thursdays between 3pm - 5pm		
Phone (phone #:) or	
Teleconference/Zoom (email:)
*Note: Appointments will be scheduled for 20 m	ninutes within the selected timeslot		

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