



**Adolescent Health Clinic**  
V2-203 Clinical Support Building  
950 West 28<sup>th</sup> Avenue  
Vancouver, BC V5Z 4H4  
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## **Adolescent Health Clinic Referral Form**

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### **PROGRAM MANDATE:**

For adolescents, ages 12 – 18 years, we accept referrals from General Pediatricians, Subspecialty Pediatricians & NPs, and Psychiatrists, and can provide non emergent, holistic and youth centered consults, culminating in a diagnostic opinion and treatment recommendations, with capacity for short term bridging to longer term community resources as required. Referrals are triaged before booking, and if necessary/ appropriate, redirected to more suitable services.

### **The Adolescent Health Clinic does NOT accept referrals for the following:**

- Mental Health or Substance use disorders without chronic health condition (s)
  - *NOTE: Providers can consult with the BC Children's Hospital Compass Program (1-855-702-7272, <https://compassbc.ca>), for support on mental health and substance use questions*
- Sexual health issues alone w/o complicating medical or mental health conditions
- Primary eating disorder concerns
- Emergency and/or urgent crisis

For more information please refer to the clinic website: <http://www.bcchildrens.ca/our-services/clinics/youth-health-clinic>

### **Patient Information**

Gender: \_\_\_\_\_ Sex assigned at birth \_\_\_\_\_ Preferred pronouns \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name \_\_\_\_\_

DOB: \_\_\_\_\_ PHN: \_\_\_\_\_ MRN: \_\_\_\_\_

Address: \_\_\_\_\_

Interpreter Required:  Yes  No Language: \_\_\_\_\_



**PLEASE BE AWARE THAT YOUTH DO NOT ALWAYS WISH THEIR PARENTS/GUARDIANS TO BE INFORMED OF THEIR VISITS TO OUR CLINIC. TO ENSURE PATIENT CONFIDENTIALITY, PLEASE LET US KNOW WHO TO CONTACT FOR BOOKING AND APPOINTMENT REMINDERS:**

Patient Only: Patient Contact Information: \_\_\_\_\_

Are Parents/ Guardians aware of this referral?  Yes  No

Parent/Guardians Contact: \_\_\_\_\_

**Referral Concerns: Check all that Apply**

- Chronic illness with mental health concerns
- Youth engaged in significant risk taking behaviours in context of chronic health conditions
- Functional impairments (academic, social, other) in context of chronic health conditions
- Chronic and functionally impairing physical or somatic symptoms
- Complex sexual health concerns in patients with chronic health conditions
- Complex patient needing support re: transition to adult health care
- Mindfulness Awareness and Resilience Skills** for Adolescents (MARS-A) Ages 15- 19

**Referring Clinician's Goals or Questions for Referral**

**Please attach additional documents as relevant**

**Referring Provider Information**

Referring Provider: \_\_\_\_\_ Designation/ Dept: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Involved Resources (e.g., Specialist Physician, Counsellor, CYMH, MCFD etc.)**

Name: \_\_\_\_\_ Discipline: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Discipline: \_\_\_\_\_ Phone: \_\_\_\_\_