

REFERRAL FORM

Children's Heart Centre: Tel: 604.875.2296

**To be completed by Referring Physician
Referral will NOT be processed if incomplete**

- The Dysautonomia Clinic (DAOA) is an innovative outpatient service provided by an interdisciplinary team that includes a pediatric cardiologist, nurse clinician, exercise physiologist, and psychologist primarily to look after children with adolescent dysautonomia.

DATE OF REFERRAL

DD _____ /MONTH _____ /20 ____

PATIENT INFORMATION

Last Name: _____ First: _____ DOB: _____
 PHN: _____ BCCH#: _____ Sex: M F Other
 Address: _____ City: _____ Postal: _____

PARENT/GUARDIAN Mother: _____ Father: _____
 Home Phone #: _____ Cell #: _____ Work #: _____

Email Address: _____

REFERRING PHYSICIAN INFORMATION

Name: _____ Specialty: _____ GP Emergency Room
 Address: _____ City: _____ Postal: _____
 Phone #: _____ Fax #: _____

PRIMARY PEDIATRICIAN INFORMATION

Name: _____ Phone #: _____ Fax #: _____
 Address: _____ City: _____ Postal: _____

FAMILY PHYSICIAN INFORMATION

Name: _____ Phone #: _____ Fax #: _____
 Address: _____ City: _____ Postal: _____

DURATION OF SYMPTOMS

3-12 months 1-3 years > 3 years

ORGAN SYSTEMS AFFECTED (please check all that apply)

TYPE OF SYMPTOMS:	IMPACT OF SYMPTOMS ON: (PLEASE SPECIFY)
<input type="checkbox"/> Cardiac _____	<input type="checkbox"/> Physical ability _____
<input type="checkbox"/> Energy/Activity _____	<input type="checkbox"/> Exercise _____
<input type="checkbox"/> Gastrointestinal _____	<input type="checkbox"/> Mood _____
<input type="checkbox"/> Joints/Muscles _____	<input type="checkbox"/> Sleep _____
<input type="checkbox"/> Neurologic _____	<input type="checkbox"/> School _____
<input type="checkbox"/> Skin _____	<input type="checkbox"/> Family _____
<input type="checkbox"/> Other (not known) _____	

INCLUSION CRITERIA --- ALL MUST APPLY	EXCLUSION CRITERIA
<input type="checkbox"/> Patient has a primary care provider who will continue to provide care	<input type="checkbox"/> Medically unstable or suffers from a condition requiring inpatient care and monitoring
<input type="checkbox"/> All appropriate investigations have been completed, with none outstanding	
<input type="checkbox"/> Primary care provider(s) agree to participate with suggested regime	
<input type="checkbox"/> Patient and/or caregivers are cognitively capable and willing to participate with suggested regime of therapy which will include physical activity and psychology support (if needed)	
<input type="checkbox"/> Patient aware and agreeable to the Dysautonomia Program including self-management strategies and interdisciplinary team approach	

Patients will be triaged according to our predetermined criteria and seen by the appropriate provider(s). Please do not refer patients to both the Dysautonomia Clinic and the Complex Pain Service as we collectively triage patients referred to both services.

This is a consultation service. All patients referred from any subspecialist must have a primary physician (ie. GP or pediatrician) to ensure the involvement of a MRP. The patient's primary physician (GP or pediatrician) is responsible for ongoing care, during and after participation in the program, including reordering prescribed medications.

The consultative service provided by the Dysautonomia Clinic is **not for long term follow-up**.

Patients must be followed by their family physicians and/or pediatrician during and after their participation in the program.

FAX ALL DOCUMENTS to the Children's Heart Centre: 604.875.3463

Please attach ALL RELEVANT REPORTS as well as a REFERRAL LETTER outlining reason for referral, current medications and other therapies tried.