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Providence HEALTH CARE

ST. PAUL'S HOSPITAL
GENERAL INTERNAL MEDICINE CLINIC
REFERRAL

* 8 6 3 7 *

Internal Medicine Referral

Patient name: _____

PHN: _____ ☐ Male ☐ Female

DOB: _____ ☐ Other: _____
(dd/mmm/yyyy)

The General Internal Medicine Clinic provides comprehensive assessment of complex patients with multiple medical comorbidities. Our clinic also evaluates patients who have undifferentiated presentation that require diagnostic clarity.

DATE OF REFERRAL: _____

***All referrals will be triaged and prioritized**

Patient address: _____

City: _____ Province: _____

Postal code: _____ Email: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Mobility aids: _____ Other concerns: _____

☐ Interpreter required Language: _____

URGENCY:

☐ **Urgent** (within 1 week) – must call the clinic and speak with the physician
☐ **Non-urgent**

REASON FOR REFERRAL:

☐ Assessment and management of multiple medical conditions (must check 2 or more systems)
- ☐ *cardiac* ☐ *respiratory* ☐ *renal* ☐ *endocrine*
- ☐ *GI/hepatology* ☐ *hematological* ☐ *rheumatological*

☐ Undifferentiated presentation that require diagnostic clarity

PLEASE PROVIDE SPECIFIC CLINICAL QUESTION(S):

REFERRING PROVIDER:

Printed name: _____ MSP #: _____

Phone: _____ Fax: _____

FAMILY PHYSICIAN: ☐ Same as above

Printed name: _____ MSP #: _____

Phone: _____ Fax: _____

STAMP

*** For prompt booking, ensure all sections are fully completed.**
Please include medication list, consult notes, and relevant investigations.

FAX COMPLETED REFERRAL TO: 604-806-9057

Location: St. Paul's Hospital, General Internal Medicine Clinic
Rm 5900, 5th floor Burrard Building, 1081 Burrard Street, Vancouver, BC, V6Z 1Y6
Phone: 604-806-8735 Extension 3

This clinic is affiliated with UBC Faculty of Medicine and for this reason clinic patients should expect their visit could include a medical student or resident.