



Provincial Health Services Authority

PATIENT REFERRAL FORM

Referral Re-Referral (patient previously seen at BCCA) Date of Referral _____

In order to process this referral/re-referral, a completed form with essential documentation should be directed to the Cancer Centre or Clinic*

For URGENT REFERRALS please contact an Oncologist directly at your Regional Cancer Centre.

If oncologist contacted, please provide oncologist's name _____

BC Cancer - Abbotsford 604-851-4710 | BC Cancer - Kelowna 250-712-3900 | BC Cancer - Prince George 250-645-7300 |
 BC Cancer - Surrey 604-930-2098 | BC Cancer - Vancouver 604-877-6098 | BC Cancer - Victoria 250-519-5500

For PATH REVIEW ONLY please complete [Pathology Request Form](#)..

If you require assistance, please call 604-877-6000 ext. 672071 (Monday to Friday 8:00am-4:00pm)

HAS PATIENT BEEN INFORMED OF CANCER DIAGNOSIS? Yes No

CLINICAL/PATHOLOGICAL DIAGNOSIS _____

Name		<input type="checkbox"/> Male <input type="checkbox"/> Female D.O.B. / /	
(Last Name)	(First Name)	(Initial)	(Day)/(Month)/(Year)
PHN #		Self Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
(Street)	(City)	(Province)	(Postal Code)
Home Phone	Work Phone	Contact/Message Phone	
Referring Physician		Phone #	Billing #
Family Physician		Phone #	Billing #
Consultant		Phone #	Billing #

PROCEDURES/IMAGING RELATIVE TO CONDITION & PENDING PROCEDURES/TESTS

Operations/Procedures/Imaging	Hospital/Office	Date

SPECIAL PATIENT NEEDS/TREATMENT

<input type="checkbox"/> Needs Accommodation: (CSI/VC/VIC only)	<input type="checkbox"/> Needs Interpreter/Dialect Specify: _____	<input type="checkbox"/> Patient & Family Counseling Referral Reason: _____
Other Special Needs (include sight, hearing/physical impairments, oxygen, infection control such as MRSA, latex allergy)		
<input type="checkbox"/> Hospital Bed Required (physician must contact BCCA oncologist)		<input type="checkbox"/> Patient Currently in Facility Name _____

*****ESSENTIAL REFERRAL INFORMATION:** Please fax your referral letter/pathology reports/radiology reports/patient history/related consultations and procedure reports to the appropriate Cancer Centre (fax numbers below).

Please send additional documents as per the essential information list referred to at the BCCA website <http://www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-guidelines/required-reports-for-referrals> forms are available at the BCCA website <http://www.bccancer.bc.ca/Documents/Patient-Referral-Form.pdf>

Please choose Centre or Clinic:

- | | | |
|--|---|-------------------|
| <input type="checkbox"/> BC Cancer - Abbotsford | Phone: 604-851-4732 or 604-851-4737 | Fax: 604-675-7204 |
| <input type="checkbox"/> BC Cancer - Kelowna | Phone: 250-712-3969 or 250-712-3970 or 250-979-6622 | Fax: 250-979-4001 |
| <input type="checkbox"/> BC Cancer - Prince George | Phone: 250-645-7318 or 250-645-7320 | Fax: 250-645-7371 |
| <input type="checkbox"/> BC Cancer - Surrey | Phone: 604-930-4004 or 604-930-4016 or 604-587-4301 | Fax: 604-675-7222 |
| <input type="checkbox"/> BC Cancer - Vancouver | Phone: 604-877-6098 | Fax: 604-708-2005 |
| <input type="checkbox"/> BC Cancer - Victoria | Phone: 250-519-5585 or 519-5586 or 519-5587 | Fax: 250-519-2001 |
| <input type="checkbox"/> Kamloops Clinic | Phone: 250-314-2734 | Fax: 250-314-2733 |
| <input type="checkbox"/> Nanaimo Clinic | Phone: 250-716-7706 | Fax: 250-755-7676 |
| <input type="checkbox"/> Vernon Clinic | Phone: 250-558-1235 | Fax: 250-558-4113 |

Confidential Fax Warning: Documents accompanying this transmission contain confidential information intended for a specific individual and purpose. This information is private and protected by law. If you are not the intended recipient and have received this communication, please notify sender by phone. Number of pages faxed _____