

**BC Cancer Agency**

CARE + RESEARCH

An agency of the 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 _____

Abbotsford Centre 604-851-4710 | Centre for Southern Interior 250-712-3900 | Centre for the North 250-645-7300 |

Fraser Valley Centre 604-930-2098 | Vancouver Centre 604-877-6098 | Vancouver Island Centre 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
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

www.bccancer.bc.ca/HPI/CancerManagementGuidelines/ReferralInformation/default.htmForms are available at the BCCA website <http://www.bccancer.bc.ca/Documents/Patient-Referral-Form.pdf>**Please choose Centre or Clinic:**

<input type="checkbox"/> Abbotsford Centre	Phone: 604-851-4732 or 604-851-4737	Fax: 604-675-7204
<input type="checkbox"/> Centre for the Southern Interior (Kelowna)	Phone: 250-712-3969 or 250-712-3970 or 250-979-6622	Fax: 250-979-4001
<input type="checkbox"/> Centre for the North (Prince George)	Phone: 250-645-7318 or 250-645-7319	Fax: 250-645-7371
<input type="checkbox"/> Fraser Valley Centre	Phone: 604-930-4004 or 604-930-4016 or 604-587-4301	Fax: 604-675-7222
<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"/> Vancouver Centre	Phone: 604-877-6098	Fax: 604-708-2005
<input type="checkbox"/> Vancouver Island Centre	Phone: 250-519-5585 or 519-5586 or 519-5587	Fax: 250-519-2001
<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 _____

revised 14 July 2015