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Providence HEALTH CARE

ST. PAUL'S HOSPITAL THROMBOSIS CLINIC REFERRAL

* 8 6 3 8 *

Internal Medicine Referral

Patient name: _____

PHN: _____ ☐ Male ☐ Female

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

The Thrombosis Clinic provides comprehensive assessment and management for patients with venous or arterial thromboembolism. Physicians at the Thrombosis Clinic are members of Thrombosis Canada and *International Society on Thrombosis and Haemostasis (ISTH).*

DATE OF REFERRAL: _____

REFERRED FROM:

☐ Emergency Department: _____

☐ Inpatient unit: _____

☐ PHC clinic: _____

☐ Community: _____

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 48 hours) – follow ED DVT pathway or page the on-call Thrombosis physician

☐ **Non-urgent**

REASON FOR REFERRAL: (check all that apply)

☐ Deep vein thrombosis – date of ultrasound _____

☐ Pulmonary embolism – date of CTPA or V/Q scan _____

☐ Venous thromboembolism in unusual site – date of relevant imaging _____

☐ Arterial thromboembolism – date of relevant imaging _____

☐ Perioperative anticoagulation management – date and type of surgery _____

☐ Investigation and/or counselling for thrombophilia – please specify _____

☐ Venous thromboembolism in pregnancy – please specify _____

☐ Other – please specify: _____

CURRENT ANTICOAGULANT THERAPY:

☐ warfarin ☐ low molecular weight heparin ☐ dabigatran ☐ rivaroxaban ☐ apixaban ☐ Other: _____

REFERRING PROVIDER:

Printed name: _____ MSP #: _____

Phone: _____ Fax: _____

Email: _____

FAMILY PHYSICIAN: ☐ Same as above

Printed name: _____ MSP #: _____

Phone: _____ Fax: _____

STAMP

*** For prompt booking, ensure all sections are fully completed.**
Please include medication list, and any imaging, consult notes NOT accessible on CareConnect.

FAX COMPLETED REFERRAL TO: 604-677-0600

Location: St. Paul's Hospital, Thrombosis Clinic
Rm 5900, 5th floor Burrard Building, 1081 Burrard Street, Vancouver, BC, V6Z 1Y6
Phone: 604-806-9455

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.