

ST. PAUL'S HOSPITAL GENERAL INTERNAL MEDICINE CLINIC REFERRAL

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		PHN:		
* 8 6 3 7 *	Internal Medicine Referral	DOB:		Other:
			(dd/mmm/yyyy)	

Patient name:

The General Internal Medicine Clinic provides comprehensive assessment of patients with multiple medical comorbidities. We offer advice on a unified management of multiple intertwining conditions that can be too complex to be managed in solitude. Our clinic also evaluates patients who have undifferentiated presentation that require diagnostic clarity. Physicians at the General Internal Medicine Clinic are members of the LIBC. Division of General Internal Medicine

Citilic are members of the ODC Division of General internal iv	iculonic.				
DATE OF REFERRAL:	Patient address: Province:				
REFERRED FROM:	Postal code: Email:				
Emergency Department:	Home phone:				
☐ Inpatient unit:	Cell phone:				
☐ PHC clinic:	Work phone:				
☐ Community:	Mobility aids: Other concerns:				
★All referrals will be triaged and prioritized	☐ Interpreter required Language:				
URGENCY: ☐ Urgent (within 1 week) – page the c☐ Non-urgent	on-call CTU ED triage physician				
REASON FOR REFERRAL: ☐ Assessment and management of multiple medical ☐ cardiac ☐ respiratory ☐ ☐ GI/hepatology ☐ hematological ☐ ☐ Undifferentiated presentation that require diagnost	□ renal □ endocrine □ rheumatological				
☐ Recent discharge from SPH Clinical Teaching Unit (CTU) requiring reassessment and 2 nd opinion					
RELEVANT CLINICAL INFORMATION:					
REFERRING PROVIDER:	STAMP				
Printed name: MSP	#:				
Phone: Fax:					
FAMILY PHYSICIAN: Same as above					
Printed name: MSP	#:				
Phone: Fax:					

* 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: 604-806-9057

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