

# Referral Form-External

<b>Referral</b>	<b>Re-Referral</b> patient last seen more than 6 months ago	<b>Date of Referral</b> DD/MM/YY	For <b>Urgent Referrals</b> please contact the PSMPC nurse or physician at the centre you are referring to. See pg 2
<b>FAX:</b> Physician reports, DI reports, lab reports, procedure reports, pathology reports etc. If patient not previously seen at BC Cancer also submit a <b>BC Cancer Patient Referral</b>			

Patient Information *section must be completed					
<b>Name</b> (First)	(Last)	(Initial)	<b>Gender</b>	<b>DOB</b>	DD / MM / YYYY
<b>PHN#</b>			<b>BCCA#</b>		
<b>Address</b> (Street)		(City)	(Province)	(Postal Code)	
Patient Contact Numbers: <b>Home:</b>		<b>Cell:</b>		<b>Other:</b>	
Other Patient Contact Numbers:		<b>Name</b>	<b>Relationship</b>	<b>Phone#:</b>	<b>Ext</b>

Referral Information * section must be completed					
<b>Patient Diagnosis:</b>				Referrer Stamp	
<b>Referrer Name</b>	<b>Role</b>	<b>Phone#</b>	<b>Ext</b>		
		<b>Fax</b>			
<b>Oncologist</b>	<b>Facility</b>	<b>Phone#</b>	<b>Ext</b>		

<b>Reason for Referral - Please provide sufficient information for triage</b>	<b>What treatments have been tried already? * Required</b>

Advance Care Plan	Yes	No	Oncologist Aware of Referral	Yes	No
DNR/DNAR	Yes	No	Patient Aware of Referral	Yes	No
BC Palliative Benefits	Yes	No	Family Aware of Referral	Yes	No
Home Care/Home Hospice Involved	Yes	No	If Yes which health unit _____		
<b>If your patient is in hospital please consult the appropriate inpatient consultation service.</b>					

Print/Submit Page1 and see page 2 for booking instructions - **Incomplete referrals will not be processed**

**For external referrals or if patient not previously seen at BCCA, include ALL DOCUMENTATION** to support this referral; these include consult/clinic notes, DI reports, lab reports, procedure reports, pathology reports, etc.

**INCOMPLETE REFERRALS WILL NOT BE PROCESSED**

To best serve BC Cancer patients, our service is reserved for cancer patients that reside in BC or the Yukon Territory with cancer-related pain and/or symptoms. Your referral will be given to a PSMPC nurse or physician to assess and triage. If not appropriate for our service, you will be notified of this decision. If appropriate, we will notify the patient directly of the appointment details; if you also wish to receive this information, please instruct your patient to inform you once notified.

**Immediate Support is available through the [Provincial Palliative Care Line](http://www.raceconnect.ca)** (www.raceconnect.ca)

**For those who do not have access to a local palliative care service, for advice or support, call 1-877-711-5757** In ongoing partnership with the Doctors of BC, the toll-free Provincial Palliative Care Consultation Phone Line is staffed by Vancouver Home Hospice Palliative Care physicians 24 hours per day, 7 days per week to assist physicians and nurse practitioners with advice about symptom management, psychosocial issues, or difficult end-of-life decision making

**BC Cancer – Abbotsford**

Phone: 604-851-4710

Fax: 604-642-8884

**BC Cancer – Prince George**

Phone: 250-645-7313

Fax: 604-642-8858

**BC Cancer – Kelowna**

Phone: 250-712-3996

Fax: 250-712-3911

**BC Cancer – Surrey**

Phone: 604-587-4322

Fax: 604-587-4312

**BC Cancer – Vancouver**

Phone: 604-877-6000, ext. 67-2645

Fax: 604-675-2681

**BC Cancer – Victoria**

Phone: 250-519-5503

Fax: 250-519-5402

**WITH YOUR FAX, PLEASE INCLUDE A COVER PAGE WITH NUMBER OF PAGES BEING SENT  
& A CONFIDENTIALITY WARNING**

Print/Submit Page 1 and see page 2 for booking instructions- Incomplete referrals will not be processed