Late Effects Assessment and Follow-up Clinic
1216 – 750 West Broadway
Vancouver, BC V5Z 1H5
Phone: 604-877-6070
Fax: 604-877-6097

Referral Form

Is patient aware of referral to L.E.A.F. Clinic? ☐ Yes ☐ No

Name Last name First Name Initial		
D.O.B. Day / Month/ Year	PHN	
Address Street City Province Postal Code		
Home Phone:	Cell Phone:	Email:
Referring Provider	Phone #	Fax #
Primary Care Provider	Phone #	Fax #

ONCOLOGY HISTORY		
Diagnosis:	Date of Diagnosis:	Age at Diagnosis:
Chemotherapy ☐ Yes ☐ No	Location of treatment ☐ BC ☐ Other	
Anthracycline ☐ Yes ☐ No	Drug: Total Dose: mg/m2	
Radiation ☐ Yes ☐ No	Site: Dose: Date:	
Surgery ☐ Yes ☐ No	Site: Date:	

Current health issues:	
Psychosocial issues:	
Involved Specialists:	
Date of last follow-up appointment: Location	Next follow up appointment due:

Internal Office only: ☐ BCCA internal ☐ Community GP/NP ☐ Self-referral ☐ BCCH