Madison Clinic

A joint endeavour of BC Children's Hospital and Canuck Place Children's Hospice to provide an outpatient advanced symptom management resource at BCCH

Telephone: 604.875.2345 local 5800 / Fax: 604.875.2414

Email: mclinic@cw.bc.ca

Referral Form

Child's Name: _____ **Date of Birth:** _____

PHN: _____ **BCCH #:**_____ **Sex: M** _____ **F**_____

PARENTS: Mother: _____ **Father:** _____

Address: _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Referral Source (Name): _____ **Referral Date:** _____

Address: _____

Phone: _____ **Fax:** _____

Diagnosis and Reason for Referral:

For additional information, please contact Jennifer Ham, Madison Clinic Nurse Clinician, at 604.875.2345 local 5800

Please FAX the completed form and any relevant reports to the Madison Clinic at 604.875.2414

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Website: www.bcchildrens.ca