



## 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](mailto: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: \_\_\_\_\_

Reason for Referral:

- symptom management (list concerns):
- assessment for Canuck Place program
- follow up symptom assessment/management post hospital/hospice admission
- other

**Please FAX the completed form and any relevant reports to the Madison Clinic, (Rm K4-159) Fax # 604.875.2414.**