



**ST. PAUL'S HOSPITAL
GENERAL INTERNAL MEDICINE CLINIC
REFERRAL**



Internal Medicine
Referral

Patient name: _____
PHN: _____ Male Female
DOB: _____ Other: _____
(dd/mmm/yyyy)

The General Internal Medicine Clinic provides comprehensive assessment of complex patients with multiple medical comorbidities. Our clinic also evaluates patients who have undifferentiated presentation that require diagnostic clarity.

DATE OF REFERRAL: _____

****All referrals will be triaged and prioritized***

Patient address: _____
City: _____ Province: _____
Postal code: _____ Email: _____
Home phone: _____
Cell phone: _____
Work phone: _____
Mobility aids: _____ Other concerns: _____
 Interpreter required Language: _____

URGENCY:

- Urgent (within 1 week) – must call the clinic and speak with the physician
 Non-urgent

REASON FOR REFERRAL:

- Assessment and management of multiple medical conditions (must check 2 or more systems)
 cardiac respiratory renal endocrine
 GI/hepatology hematological rheumatological
 Undifferentiated presentation that require diagnostic clarity

PLEASE PROVIDE SPECIFIC CLINICAL QUESTION(S):

REFERRING PROVIDER:

Printed name: _____ MSP #: _____
Phone: _____ Fax: _____

FAMILY PHYSICIAN: Same as above

Printed name: _____ MSP #: _____
Phone: _____ Fax: _____

STAMP

*** For prompt booking, ensure all sections are fully completed.
Please include medication list, consult notes, and relevant investigations.**

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 Extension 3