Pacific medical clinic

Prenatal and Maternity Clinic

Fraser Clinic
6184 Fraser Street
Vancouver, BC V5W 3A1
Phone: 604-301-9955 / Fax: 604-301-1566
Email: info@pacificmedicalvancouver.com

Grandview Clinic
3185 Grandview Hwy
Vancouver, BC V5M 2E9
Phone: 604-434-2222 / Fax: 604-434-2220
Email: info@pacificmedicalvancouver.com

REFERRAL FORM

Date:	**Patient Name:**		
Referring Physician:		**DOB:**	**PHN:**
MSP:	**Address:**		
Clinic Phone:	**Clinic Fax:**	**Home Phone:**	**Cell:**

MATERNITY CARE REFERRAL

- ❑ **G _____ P _____ A _____**
- ❑ **LMP _____**
- ❑ **Medical Issues _____**

IUD REFERRAL

- ❑ **Copper (Liberte)**
- ❑ **Hormonal**
  - ❑ Kyleena
  - ❑ Mirena

Urgency of Referral: ☐ **Urgent [within 1 week]** ☐ **Semi-urgent [within 1- 2 weeks]** ☐ **Routine**

Clinical Questions:

_____

_____

_____

_____

Please include **labs, imaging, other diagnostic reports and relevant medical information** with the referral form. Please note that any incomplete referrals will be returned for completion. A confirmation of referral will be sent to your office. The patient will be contacted for scheduling.

pacificmedicalvancouver.com

THANK YOU FOR THE REFERRAL