## **Allogenic BMT Referral Form**

Telephone: 604-731-4847 Fax: 604-742-3490 Toll free #: 1-877-882-2288

Starting March 2019, all children undergoing allogenic bone marrow transplants will receive a Canuck Place consultation. The goal of the initial consult is:

- To introduce the Canuck Place team as an added layer of support to children with serious illness and their families.
- Explore understanding of illness and goals
- Affirm decision and hopes for success of BMT
- Document baseline assessment
- Offer recommendations, if appropriate for symptom management/family support

Child's Name:	DOB:			
Diagnosis:	PHN #:			
Plan/Timeline for allogenic BMT				
Date of BMT Rounds discussion:	Donor source:			
Estimated Date of Conditioning start:	Estimated Day 0 Date:			
Preferred Date/Time for Consult:				
Current location of child: Home BCCH inpatient  Home Address:				
Parent's / Guardians Names				
Mother:	Phone:			
	Phone:			
<sup>1</sup> Married <sup>1</sup> Separated/ Divorced <sup>1</sup> Single Par				
Siblings:1)		Custody papers required		
2)		<sup>1</sup> Ministry Involvement		
3)	· ·	SW:		
Other information (e.g. family dynamics, family history	·/):			
Family aware of referral: Famil	Family understands goal of Canuck Place consult:			
Referral/Consult Information and Request:				
NOTES:				
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## **Health Care Team**

Role			Name	Contact info:
Oncologist			Phone	
				Email:
Oncology Nurse Clinician &/or NP			Phone	
				Email:
Oncology Social Worker			Phone	
				Email:
Family Physician/Nurse Practitioner				Phone
				Fax:
Pediatrician (if applicable)			Phone	
			Fax:	
				Phone
				Fax:
Referred	l by:			Date:
Intake N	_	and Follow-up		
Date	Heading	Comments		
Referral completed and closed by: Page 2 of 2				Date:
			Page 2 o	or 2