Canuck Place Children's Hospice
1690 Matthews Ave, Vancouver
V6J 2T2

Intake Telephone: 604-742-3476
Fax: 604-742-3490
Toll free #: 1-877-882-2288

EXTERNAL REFERRAL FORM

DATE OF REFERRAL: _____

CHILD'S NAME: _____ **PHN #:** _____

DOB: _____ **GENDER:** _____

Primary Diagnosis: _____

Secondary Diagnoses: _____

Home Address:

_____

Postal Code: _____ **HOME PHONE:** _____ _ **CELL PHONE:**:_____

FAMILY/LEGAL GUARDIAN INFORMATION:

Mother: _____ _ **Email:** _____

Father: _____ **Email:**: _____

Married Separated Divorced Single Parent Foster care Associate Family

Other Primary Care Providers: _____

Siblings:1)_____ DOB: _____ Gender: _____

2) _____ DOB: _____ Gender: _____

3) _____ DOB: _____ Gender: _____

***IF there is MCFD involvement, please provide primary Social Worker's name & phone #:**

_____

Other information (e.g. family dynamics, family history):

_____

_____

****Parent/Legal guardian aware of referral and has given referrer verbal consent for Canuck Place to access/request medical history, consults and information related to referral:** **YES / NO**

****Parent/Legal guardian understands palliative concept of care:** **YES / NO**

****Is the condition progressive and life limiting?** **YES / NO**

****Primary Reason for Referral Request:** **Respite Care** **Symptom Management** **End of Life Care**

NOTES/HISTORY/CHILD'S CURRENT NEEDS/CONDITION TO SUPPORT NEED FOR REFERRAL (attach additional pages as needed):
CONTINUED ON NEXT PAGE

NOTES/HISTORY/CHILD'S CURRENT NEEDS/CONDITION (continued from 1st page):

Supports Currently Available (At Home Program, NSS, Home Care, etc.)

_____

_____

Important contacts for follow-up (GP, Pediatrician, Social work, Specialists, NSS, etc.):

Name:	**Relationship**	**Contact info:**
	Family Doctor	Phone: Fax:
	Pediatrician	Phone: Fax:
		Phone
		Phone
		Phone

Referrer Name:: _____ **Phone:** _____

EMAIL: _____ **Relationship to Child:** _____

****PLEASE ATTACH ANY ADDITIONAL PAGES AND RELEVANT/APPLICABLE DOCUMENTATION (DNR, Palliative Benefits Application, Special authority approvals, MCFD custody documents, etc.)**