



BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

Vancouver TB Clinic Tel: 604-707-2692
Vancouver Fax Fax: 604-707-2690
Field Operations Tel: 604-707-2697
TB Services for Aboriginal Communities Tel: 604-707-2732
New Westminster Chest Clinic Tel: 604-707-2698
New Westminster Fax Fax: 604-707-2694

DOCTOR REFERRAL TO TB CONTROL CLINIC

Vancouver Clinic
655 W. 12th Avenue
Vancouver, B.C. V5Z4R4
Phone: 604-707-2692
Fax: 604-707-2690

New Westminster Clinic
100-237 Columbia St. East
New Westminster, B.C. V3L 3W4
Phone: 604-707-2698
Fax: 604-707-2694

Referring Physician: _____

Date of Referral: _____

Phone: _____

Fax: _____

Patient Information:

Name: Last _____ First _____

PHN: _____ DOB: ____ / ____ / ____ Phone: _____
YY MM DD

Address: _____

Is the patient able to communicate directly in English? _____

If no, what language do they speak? _____

Reason for referral: _____

• If you are reporting a patient with a positive skin test, please complete HLTH 939 TB Screening form. This form can be found on our website at: <http://www.bccdc.ca/> (go to Guidelines & Forms > Doctor Referral to TB Control Clinic)

Medical History:

• Patient history; other medical conditions and history of TB or exposure to TB:

• Symptoms if any:

• Current medications:

• **PLEASE INCLUDE ANY chest x-rays, CT scans, biopsies, pathology reports, labs, or consult reports**

PLEASE INDICATE
URGENCY OF APPOINTMENT

URGENT! (please call TB clinic and speak to a nurse)
 within two weeks within one month