TUBERCULOSIS CLINIC REFERRAL

Vancouver Tel # 604-707-2692 Fax # 604-707-2690

New Westminster Tel# 604-707-2698 Fax # 604-707-2694

☐ **Vancouver TB Clinic** 655 West 12th Avenue Vancouver	☐ **New Westminster TB Clinic** 100-237 East Columbia Street New Westminster

Referring Physician: ____________________________ Date (dd/mm/yy):_______________

Phone: ______________________ Fax: _______________________

Client Name: (First) _________________________ (Last)___________________________

Date of Birth (DD/MM/YY):___________________Gender: _________________________

PHN: ___________________Address:____

Telephone: (h) _______________(c) _______________ (other) _____________________

Interpreter Services Required: ☐No ☐Yes: Language: ___________________________

Appointment Request: * Please include recent cxr report (from hospital or WCMI) for all referrals

☐ **URGENT** (PLEASE CALL 604-707-2720) ☐ **Non-Urgent**

REASON FOR REFERRAL:

TUBERCULOSIS ASSESSMENT AND SCREENING ONLY

☐ TB SKIN TEST ☐ IGRA CONSULT (include country of origin______________________)

Screening reason:☐ Immune Suppression: (reason) _____________________ ☐ School/Employment

☐ Pre-Biologic ☐ Cancer ☐ Steroids ☐ Contact with Active TB (last date of exposure): ___________

☐ Other, *please specify*:________________

TUBERCULOSIS PHYSICIAN CONSULTATION [Please include recent cxr report within the past 3 months]

☐ AFB smear positive ☐ Symptoms suggestive of TB ☐ Chest X-Ray/CT scan suggestive of TB

☐ Non Tuberculosis Mycobacterium – for treatment ☐ Medical Surveillance or Immigration

☐ Other, *please specify*: ______________________

Additional information:

BCG Vaccination: ☐ Yes ☐ No Country of Origin: ______________

History of TB exposure: ☐ Yes _________________________ ☐ No

Previous Skin Test: ☐ Yes: ______ mm Date: _______ ☐ No

IGRA: ☐ Yes _______Result ☐ No

Medical History / Medications: [please attach consult reports]

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Office Use Only: DI images/reports requested: ☐ Yes ☐ No **Previous TB record:** ☐ Yes ☐ No

Date Rec'd __________________ TB # __________________ Client ID # __________________

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BC Centre for Disease Control
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www.bccdc.ca

A research and teaching centre affiliated with UBC

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