



# TUBERCULOSIS CLINIC REFERRAL

BC Centre for Disease Control  
Provincial Health Services Authority

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

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

## REFERRAL TO

Vancouver TB Clinic, 655 W12<sup>th</sup> Avenue  New Westminister TB Clinic, 100-237 E Columbia St

## REFERRAL FROM

Referring Provider's Name: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Appointment Request:  Medically Urgent (PLEASE CALL 604-707-2720)  Non-Urgent

## CLIENT DEMOGRAPHICS

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

DOB (yyyy/mm/dd): \_\_\_\_\_ Gender: \_\_\_\_\_

PHN: \_\_\_\_\_ Primary Tel#: \_\_\_\_\_

Address: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Interpreter Required:  No  Yes: Language: \_\_\_\_\_

## CLINICAL INFORMATION

BCG Vaccination:  Unk  No  Yes, date (yyyy/mm/dd) \_\_\_\_\_

TB exposure history:  Unk  No  Yes, date (yyyy/mm/dd) \_\_\_\_\_

Previous Skin Test:  Unk  No  Yes, date (yyyy/mm/dd): \_\_\_\_\_ Result: \_\_\_\_mm

IGRA history:  Unk  No  Yes, date: \_\_\_\_\_ Result:  Non-Reactive  Reactive

TB signs and symptoms (specify): \_\_\_\_\_

Medical History / Medications **[Please attach relevant consult, lab and imaging reports]:**

## REASON FOR REFERRAL

TB Physician Consultation, please indicate reason:

AFB smear positive  Symptoms suggestive of TB  CXR/CT scan suggestive of TB

Other, please specify: \_\_\_\_\_

The following is required to complete your referral:

Recent CXR or imaging (within 3 months)

If possible, collection of 3 sputum specimens for AFB smear and culture

TB Assessment & Screening ONLY, please indicate reason:

Pre-Biologic  Steroids  Cancer  Immune Suppression, reason: \_\_\_\_\_

Other: \_\_\_\_\_

Test requested:  TST  IGRA consult

NOTE: If immune compromised, please attach a CXR within the past 3 months. See [Section 4\(b\)](#), Tables 7 and 9 of the [BCCDC TB Manual](#).

Office Use Only: Date received: \_\_\_\_\_ Client ID# \_\_\_\_\_  
DI images/reports entered:  YES  NO Previous TB record:  YES  NO