



BC Centre for Disease Control
Provincial Health Services Authority

Vancouver TB Clinic

Tel 604-707-2692
Fax 604-707-2690

New Westminister TB Clinic

Tel 604-707-2698
Fax 604-707-2694

NTM REFERRAL FORM

REFERRING PROVIDER

Name _____ Date (yyyy/mm/dd) _____

Tel _____ Fax _____

CLIENT DEMOGRAPHICS

Name (Last) _____ (First) _____ (Middle) _____

DOB (yyyy/mm/dd) _____ Sex _____ Gender/Pronouns _____

PHN _____ Tel _____

REFERRAL DETAILS

Provincial TB Services are not accepting new NTM client referrals at the BCCDC TB clinics. However, TB Services physicians are able provide support with NTM management upon request.

This support includes the following (**choose one**):

- MD to MD virtual consultation
 - Telephone call – provide contact number if different from above: _____
 - Consult note

- Prescription only

Please note only Rifampin and Ethambutol are currently supplied by BCCDC pharmacy
Shipping address:

To facilitate timely input from a TB Services physician, **please include the following**:

- Physician(s) consult letter
- Relevant imaging (tests, locations, dates)
- Relevant lab work including microbiology/pathology
- Specific prescription request (weight in kg)

Please note: BCCDC TB Services will not provide ongoing NTM follow-up for your client based on this referral.

For Internal Use Only Date received _____ Client ID# _____
 Previous TB record: YES NO Labs entered: YES NO
 Diagnostic images/reports entered: YES NO