



# VGH Rapid Access Gynecology Clinic

Gordon and Leslie Diamond Health Care Centre  
 6<sup>th</sup> Floor, 2775 Laurel Street  
 Vancouver, BC V5Z 1M9  
 Tel.: 604-875-4111, extension #69722

## REFERRAL FORM

*Patient will be contacted directly with appointment.  
 Failure to complete this form in full will result in appointment delay.*

**FAX TO 604-875-5807**

Referring Physician: \_\_\_\_\_ MSP#: \_\_\_\_\_ Fax: \_\_\_\_\_

Family Physician: \_\_\_\_\_  
 (If different from referring physician.)

Referral From:

ER       Community

PATIENT INFORMATION:

PHN: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 OR AFFIX VGH ADDRESSOGRAPH

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel. #: Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_

Reason for Referral	Supporting Documents	Attached	On PCIS
	*Copy of ER Record		
	CBC		
	Beta-hCG		
	U/S		
	Other		

\* mandatory for all ER referrals

*For Internal Use Only*

Chief Resident Clinic (Mon. 13h -16h)       Rapid Access (DOD) Clinic (Tue. – Fri. 13h – 16h)

Triaged by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
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