



How you want to be treated.

St. Paul's Emergency Department Referral Form

Questions about this form? Contact: Emergsec@providencehealth.bc.ca

Instructions:

- 1) Complete the form
- 2) FAX directly to the SPH Emergency CNL: 604-806-8424

A) Referred by (Physician, Clinic Name, Nursing Home):

Name: _____
 Phone: _____
 Fax (for Discharge Summary of visit): _____
 After hours contact: _____
 Address: _____

B) Patient Details:

Patient Name: _____

Date/Time of referral _____

How is patient expected to arrive in the ED: _____

C) Expectation of ED Visit:

- Requires an Urgent Diagnosis (e.g., chest or abdominal pain – specify): _____
- Required brief ED Treatment (e.g., antibiotics, rehydration – specify): _____
- Requires a procedure (e.g., fracture reduction, I&D – specify): _____
- What is the level of intervention (e.g., DNR): _____
- Physician would like to be contacted for discussion of patient (in addition to faxed Discharge Summary), at this telephone number and during these hours: _____
- Patient Certified.

D) Comments/Alerts/Other Clinical Information:
