VANCOUVER GENERAL HOSPITAL
Nontuberculous Mycobacterial (NTM) Disease Clinic Referral Form

7th Floor Station 1A - 2775 Laurel St. Diamond Health Centre, Vancouver, BC, CA, V5Z 1M9
Phone: 604-875-4775 **Fax:** 778-504-9776 **Email:** vghntm@vch.ca

PLEASE COMPLETE THIS FORM AND PROVIDE ALL DOCUMENTATION REQUIRED

Today's Date: _____

PATIENT DEMOGRAPHICS	
Patient Name:	**PHN:**
DOB:	**MRN:**
Address:	
Phone Numbers: Home: Mobile: Work: **Please circle the preferred contact number.*	
Does the patient live in the VCH catchment area? ☐ Yes ☐ No **This includes Richmond, Vancouver, North Shore, Sea-to-Sky Corridor, Sunshine Coast, Powell River, Bella Bella and Bella Coola. For patients outside of VCH area, please use the Provider-to-Provider Consult Request.*	
Is an interpreter required? ☐ Yes ☐ No Specify language:	
REFERRAL DETAILS	
Reason for Referral:	
Urgency: ☐ Urgent ☐ Routine	
Please fill in the following eligibility criteria: ☐ Pulmonary: ☐ CT chest consistent with NTM pulmonary disease AND ☐ At least one positive culture for NTM from a respiratory source (sputum, bronchoscopy, or tissue) OR ☐ Extrapulmonary: ☐ At least one positive culture for NTM from any non-respiratory source ☐ Any relevant imaging (CT not required) **Please note that referrals for suspected/confirmed tuberculosis or leprosy will be declined.*	
Is the patient currently receiving antibiotic treatment for NTM disease? ☐ Yes ☐ No	
Has the patient received antibiotic treatment for NTM disease in the past? ☐ Yes ☐ No If yes, please outline the previous treatment history, including antibiotic regimen(s) and history of medication intolerance and/or toxicity:	
Additional information or specific question(s) for consult:	
Documentation Required: • Brief history and physical report, including additional chronic health issues • Relevant specialist consults and documentation from follow-ups • Pertinent results, including lab/microbiology, ECG and radiology reports • Medications and allergies	
REFERRING PROVIDER DETAILS	
Provider Name:	**MSP Billing #:**
Phone Number:	**Fax Number:**

When the referral has been reviewed for booking in this clinic, appointment details will be sent to your office and our clinic will notify the patient directly. If we are unable to contact the patient, we will notify your office accordingly. If the referral is declined, we will notify your office with the reason for rejection.

Vancouver CoastalHealth