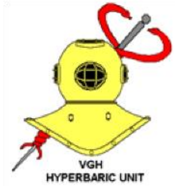
Vancouver Coastal Health
Promoting wellness. Ensuring care.

VGH Hyperbaric Unit
855 West 12th Avenue
Blackmore Pavilion, Ground Floor
Vancouver, BC V5Z 1M9
Phone: 604-875-4033 Fax: 604-875-5294



CONSULTATION REQUISITION FORM

- **Please complete ALL SECTIONS of this form to the best of your ability.**
- **Patient history, all test results and the patient's current medication list must be sent along with this consultation request.**

PATIENT NAME: ______________________________ **DOB:** ______________________

PHN: ________________________

ADDRESS: ____

____

TELEPHONE NIMBER: (HOME) ____________________ **(WORK)** ______________________

DIAGNOSIS: ____

REASON FOR REFERRAL: ____

____

____

____

____

FAMILY DOCTOR: ___________________________ **MSC#** ______________________

PHONE: __________________ **FAX:** ____________________

REFERRING DOCTOR: ________________________ **MSC#** ______________________

PHONE: __________________ **FAX:** ____________________

SURGERY DATE ? NO ☐ YES ☐ DATE OF SURGERY ___________________

FOR THIS REQUEST TO BE PROCESSED, A RECENT AUDIOGRAM MUST ACCOMPANY ALL CONSULTS FOR SSHL PATIENTS

ATTACHED: ☐ Hx, ☐ CT Scan, ☐ Labs, ☐ Ultrasound, ☐ Cardiac Echo, ☐ ECG, ☐ Nuc Med, ☐ Bx