

Telephone: (604)875-2854 | Fax: (604)875-2483 | Email: NFUPReferrals@cw.bc.ca

Date of referral: _____ Referral hospital: _____

Child's SURNAME: _____ Child's FIRST NAME: _____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	DOB (day / mo / yr) _____ / _____ / _____
	EDC (day / mo / yr) _____ / _____ / _____
PHN: _____	Does family self identify as Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gestation at birth: _____	Birth weight (kg): _____
Address: _____	City _____ Postal code _____
Tel. number: _____	Alternative tel. number: _____
Parent email address: _____	
Child lives with: Caregiver name(s): _____	
Relationship to child: _____	
Legal guardian (if different from above): _____	
Legal guardian phone: _____	
Legal guardian address: _____	
Referral criteria (please check all that apply):	
<input type="checkbox"/> Gestational age $\leq 25 + 6$ weeks <input type="checkbox"/> Birth weight ≤ 800 g <input type="checkbox"/> Grade 3-4 Intraventricular hemorrhage (IVH) <input type="checkbox"/> Periventricular leukomalacia (PVL) on brain imaging <input type="checkbox"/> Severe retinopathy of prematurity (ROP) \geq stage 3 or requiring treatment <input type="checkbox"/> Congenital diaphragmatic hernia (CDH)	<input type="checkbox"/> Patients receiving ECLS at BC Children's Hospital <input type="checkbox"/> Discharged home on oxygen or respiratory support <input type="checkbox"/> Necrotizing enterocolitis (NEC) requiring surgical intervention <input type="checkbox"/> Hypoxic Ischemic encephalopathy (HIE) Sarnat 2-3 or receiving therapeutic hypothermia <input type="checkbox"/> Micare recruit: < 29 week GA at birth, born in Canada
Comments: _____	
Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social considerations (if any): _____	
Referring clinician (print name): _____ Phone: _____	
Other services following child at discharge: _____	
Family physician (if known): _____	
Paediatrician (if known): _____	

Please fax form to (604)875-2483 or email to NFUPReferrals@cw.bc.ca. Thank you for your referral.