# INTERNAL MEDICINE & RAPID ACCESS

## REFERRAL

*All referrals will be triaged and prioritized*

### DATE OF REFERRAL:

### REFERRED FROM:
- [ ] Emergency Department
- [ ] Inpatient unit:
- [ ] GP or NP:

### URGENCY:
- [ ] Rapid Access/Urgent (within 2 weeks) Reason:
- [ ] Non-urgent Internal Medicine Referral

### REFER TO:
Specific site preferred:  
- [ ] MSJ  
- [ ] SPH  
- [ ] VGH  
- [ ] Specific specialist:

### REASON FOR REFERRAL:
(attach additional relevant information)

- [ ] 'Red flag' symptoms/findings

Is this a re-referral?  
- [ ] No  
- [ ] Yes

### REFERRING PROVIDER:
- Printed name:  
- MSP #:  
- Phone:  
- Fax:

### FAMILY PHYSICIAN:
- [ ] Same as above
- Printed name:  
- MSP #:  
- Phone:  
- Fax:

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These clinics are affiliated with UBC Faculty of Medicine and for this reason clinic patients should expect their visit could include a medical student or resident.