



**ST. PAUL'S HOSPITAL  
THROMBOSIS CLINIC  
REFERRAL**



Internal Medicine  
Referral

Patient name: \_\_\_\_\_  
PHN: \_\_\_\_\_  Male  Female  
DOB: \_\_\_\_\_  Other: \_\_\_\_\_  
(dd/mmm/yyyy)

*The Thrombosis Clinic provides comprehensive assessment and management for patients with venous or arterial thromboembolism. Physicians at the Thrombosis Clinic are members of Thrombosis Canada and International Society on Thrombosis and Haemostasis (ISTH).*

DATE OF REFERRAL: \_\_\_\_\_

**\*All referrals will be triaged and prioritized**

Patient address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Email: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Mobility aids: \_\_\_\_\_ Other concerns: \_\_\_\_\_  
 Interpreter required Language: \_\_\_\_\_

**URGENCY:**

- Urgent (within 48 hours) – Page the on-call Thrombosis physician  
 Non-urgent

**REASON FOR REFERRAL:** (check all that apply)

- Deep vein thrombosis – date of ultrasound \_\_\_\_\_  
 Pulmonary embolism – date of CTPA or V/Q scan \_\_\_\_\_  
 Venous thromboembolism in unusual site – date of relevant imaging \_\_\_\_\_  
 Arterial thromboembolism – date of relevant imaging \_\_\_\_\_  
 Perioperative anticoagulation management – date and type of surgery \_\_\_\_\_  
 Investigation and/or counselling for thrombophilia – please specify \_\_\_\_\_  
 Venous thromboembolism in pregnancy – please specify \_\_\_\_\_  
 Other – please specify: \_\_\_\_\_

**CURRENT ANTICOAGULANT THERAPY:**

- warfarin  low molecular weight heparin  dabigatran  rivaroxaban  apixaban  Other: \_\_\_\_\_

**REFERRING PROVIDER:**

Printed name: \_\_\_\_\_ MSP #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**FAMILY PHYSICIAN:**  Same as above

Printed name: \_\_\_\_\_ MSP #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**STAMP**

**\* For prompt booking, ensure all sections are fully completed.  
Please include medication list, consult notes, and relevant investigations.**

**FAX COMPLETED REFERRAL TO: 604-602-8652**  
Location: St. Paul's Hospital, Thrombosis Clinic  
Rm 5900, 5th floor Burrard Building, 1081 Burrard Street, Vancouver, BC, V6Z 1Y6  
Phone: 604-806-9455