



fraserhealth

# KIDNEY STONE CLINIC REFERRAL

## JIM PATTISON OUTPATIENT CARE & SURGERY CENTRE



MSXX104676A

April 2011

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**JPOCSC 9750 140th Street Surrey, B.C. V3T 0G9 FAX COMPLETED REFERRALS TO (604) 582-3789**

**UROLOGISTS IN LITHOTRIPSY PROGRAM MAY ONLY REFER TO KIDNEY STONE CLINIC**

**Patient's Full Legal Name:** \_\_\_\_\_  
Last First Middle

**Other Name(s) (if applicable):** \_\_\_\_\_

**Personal Health Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** M  F   
(DD, MM, YYYY)

**Address:** \_\_\_\_\_  
Street City Province Postal Code

**Home Phone No.** \_\_\_\_\_  Okay to Call **Message Phone No.** \_\_\_\_\_

**Insurance Type**  MSP  WCB  Out-of-Province  Self-Pay Other: \_\_\_\_\_ RCMP or Armed Forces #: \_\_\_\_\_

**ALLERGIES**  NKA List Allergies: \_\_\_\_\_

**REQUIRED LAB RESULTS: (FAX WITH REFERRAL)**

- KIDNEY STONE ANALYSIS
- URINALYSIS, routine microscopic
- 24 HR. URINALYSIS
- BLOOD WORK: CBC, Na, K, Cl, Ca, P, Urea, Creatinine, eGFR

**MEDICAL HISTORY:**  Urologist consult letter attached

**CURRENT MEDICATIONS:** (include OTC meds, vitamins, herbal remedies) \_\_\_\_\_

**INTERPRETER**  No  Yes Language \_\_\_\_\_  Family member in attendance

**Checklist for Urologist Office:**

- Patient given lab requisition for any needed labwork (note: patient to wait 4 weeks after lithotripsy before going to lab)
- Patient given 3 day diet recall sheets to complete prior to Kidney Stone Clinic appointment
- Patient given Kidney Stone Clinic pamphlet containing instructions and location of clinic
- Once lab results obtained, fax all required lab results with referral to Kidney Stone Clinic

**Family Physician:**

Name: \_\_\_\_\_

MSP #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient has no GP/NP

**Referring Urologist:**

Name: \_\_\_\_\_

MSP #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Referring Urologist Signature:** \_\_\_\_\_

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