Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Hydrocephalus Clinic

Diamond Health Care Centre
7th Floor, Station 4A - 2775 Laurel Street,
Vancouver BC, V5Z1M9
Telephone Number: 604-875-4111, Ext: 67378
Fax Number: 604-875-4105

Please attach all physician notes, recent lab, diagnostic, and radiology results, current medications and problem lists.
(INCOMPLETE REFERRAL INFORMATION MAY DELAY THE PATIENT APPOINTMENT)

P L E A S E   P R I N T   C L E A R L Y   (O R   U S E   P A T I E N T   L A B E L)

BILLABLE TO: □ **MSP** □ **PATIENT**	NAME / ADDRESS OF REFERRING PHYSICIAN AND MSP PRACTITIONER # (or office stamp)
PERSONAL HEALTH NUMBER: DOB: YYYY/MM/DD | |	
SURNAME OF PATIENT, FIRST NAME AND MIDDLE INITIAL	
TELEPHONE# (INCLUDE AREA CODE): □ MALE □ FEMALE PREGNANT: □ YES □ NO	
ADDRESS CITY/TOWN POSTAL CODE	COPY RESULTS TO (include family physician and MSP #):

□ **TRANSLATION SERVICES REQUIRED: (PLEASE INDICATE LANGUAGE)** _____

Previous Diagnosis of Hydrocephalus:

□ **Yes:**   Does the patient currently have a shunt? Yes □ No □
           Did the patient undergo an Endoscopic Third Ventriculostomy (EVT)? Yes □ No □

□ **No:**   Requisition for MRI and/or CT? Yes □ No □
           Do radiological findings show large ventricles? Yes□ No □

This Referral is: □ **URGENT** □ **NON- URGENT**

Symptom Review:
□ Gait Disturbance
□ Urinary Incontinence
□ Suspected Dementia: Mild/Moderate/Severe (please circle one)

Living situation:
□ Living at home
□ Assisted Living
□ Nursing home

Available imaging (please attach all reports)
□ CT scan.
□ MRI
□ Lumbar X-Ray

Other Health Diagnosis:
□ Stroke
□ Alzheimers
□ _____

Additional Information: □ Patient on an Anticoagulant Agent □ Patient on an Anti-platelet Agent □ Patient Respiratory Compromised □ Cardiovascular Problems □ Patient Allergies: _____

Current Medications (if not already attached with referral)