

**Provincial ADHD Program**

*Clinical Care, Training & Research of Attention Deficit Hyperactivity Disorder (ADHD) in Children, Adolescents and*

**Clinic location:**  
 Children's & Women's Health Centre of BC  
 Room B425A - Shaughnessy Building  
 4500 Oak Street, Vancouver, BC

**Mailing address:**  
 Provincial ADHD Program  
 Box #178 - 4500 Oak Street  
 Vancouver, BC V6H 3N1

**Phone:** 604-875-3551  
 Clinic Fax: 604-875-2870  
 Email: [adhd@cw.bc.ca](mailto:adhd@cw.bc.ca)  
 Research Fax: 604-875-24

**Physician  
 Referral  
 Form**

<b>Physician:</b>		<b>Signature:</b>	
<b>MSP Number:</b>		<b>Email address:</b>	
<b>Patient Name:</b>		<b>DOB:</b>	<b>PHN:</b>
<b>Address:</b>		<b>Home Phone:</b>	<b>Daytime contact numbers: Cell- Work-</b>
<b>City:</b>	<b>Postal Code:</b>	<b>Parent Email address:</b>	
<b>Reason for referral (learning or work problems, diagnosis, medication consult, family problems, social issues:</b>			
<b>Medical History.</b> Has the patient had meningitis, encephalitis, seizures, recurrent ear infections or tubes, allergies, asthma, head injury, fractures, accidents, nicotine, alcohol or drug use, history of cardiac symptoms, family history cardiac disease, or extreme exercise demands?			
<b>Physical Examination</b>			
<b>Comment on abnormal findings or state that physical exam is normal including cardiac findings.</b>			
<b>Weight(kg)</b>	<b>Height(cm)</b>	<b>BP</b>	<b>PULSE</b>
<b>Past Medications, Dose, Outcome, Side Effects</b>			
<b>Current Medications, Dose, Outcome, Side Effects</b>			
Please note that you will receive a written report and the patient will be returned to your care after assessment, education and stabilization. Please instruct patients to <i>bring their medications with them.</i>			