CENTRE FOR HUNTINGTON DISEASE
University Hospital – UBC Site
Room S179 – 2211 Wesbrook Mall Vancouver, B.C.
V6T 2B5
Telephone (604) 822-7366
Fax (604) 822 7970

Today's Date :

Patient Information

First Name :

Last Name :

Maiden Name :

Date Of Birth:

Gender :

Home Phone :

Cell Phone :

Work Phone :

Ethnic Origin:

Address :

City :

Prov/State :

Postal/Zip :

Care Card # :

HD# :

Med Gen # :

Patient's Family Information

Mother's First Name :

Mother's Last Name (Maiden) :

Mother's Date of Birth :

Father's First Name :

Father's Last Name :

Father's Date of Birth :

Patient's Family Information

Partner's First Name :

Partner's Last Name :

Partner's Date of Birth :

Caregiver's First Name :

Caregiver's Last Name :

Relationship to Family Member :

Referring Doctor Information

First Name :

Last Name :

Clinic Phone :

Clinic Fax :

Clinic Address :

City :

Prov/State :

Postal/Zip :

Billing # :

Family Doctor Information

First Name :

Last Name :

Clinic Phone :

Clinic Fax :

Clinic Address :

City :

Prov/State :

Postal/Zip :

Billing # :

Reason For Referral

General Description for Referral :

Medication List :

Other Affected Family Member's Names and Birth Dates :

Please attach any relevant records when submitting the referral.

To Submit:

a) **Print** this form or **save as a .PDF** and **E-mail** - **chdclinics@cmmt.ubc.ca**

b) **Print** this form and **Fax** to: **(604)-822-7970**

c) **Print** this form and **Mail** to : **Centre for Huntington's Disease**
UBC Hospital
S179 - 2211 Wesbrook Mall
Vancouver, BC
V6T 2B5