Vancouver CoastalHealth

Lions Gate Hospital - Paul Myers Tower
240 – 13th Street East
North Vancouver, BC V7L 2L7

Priority for Referral

☐ Urgent (see in 24-48hrs)

☐ Non-urgent

LGH Wound Ostomy Continence Consult Form

Date: **PHN:**

Patient name: **Phone #:**

Reason for consult:

Diagnosis:

Past medical history:

Current care plan if applicable (ex. products, frequency, challenges etc.):

Receiving care in community? Yes ☐ No☐
MRSA positive? Yes ☐ No ☐

Name of Referrer: **Phone number:**

FAX COMPLETED FORMS TO 778-504- 9760
or email completed forms to LGHWoundOstomy@vch.ca