

Tel: 250-519-1510 | Fax: 250-519-1505

## **REFERRAL to Island TB Program**

- In Victoria/Greater Victoria fax to Island TB: 250-519-1505
- Outside Greater Victoria fax directly to your local Public Health Unit: https://www.islandhealth.ca/our-locations/health-unit-locations

Referring physician:		
Physician Address:		
Phone #:	Fax #:	
Patient name:	PHN:	
DOB:	Tel#:	
Address:		
Family Practitioner:		
Reason for TB Referral:		
□ Pre-biologics		
☐ <b>Symptoms:</b> (Please specify)		
☐ Previous positive tuberculin skin te	st/ past treatment for TB	
□ <b>Other</b> (please specify):	· · · · · · · · · · · · · · · · · · ·	
Patient Medication List:		