

## REFERRAL to Island TB Program

\* A chest x-ray within 6-months of referral is required \*

Referring physician: \_\_\_\_\_

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

PHN: \_\_\_\_\_ Tel#: \_\_\_\_\_

Address: \_\_\_\_\_

### TB screening is required for:

- Pre-biologics/ immunosuppressant treatment:**  
Please specify current Immunosuppressant medications/dose  
\_\_\_\_\_  
\_\_\_\_\_
- Symptoms:**  
(Please specify) \_\_\_\_\_
- Previous positive tuberculin skin test/ past treatment for TB (CXR required).**
- Ophthalmology.**
- Other** (please specify): \_\_\_\_\_

Please note that some results may take up to 5-weeks.

**Please fax referral to Island TB Program at 250-519-1505.**

**Island TB Program**

Royal Jubilee Hospital, Royal Block 4.  
1952 Bay Street.  
Victoria, BC V8R 1J8

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