DR. JAMES H. COX
MSP: 1628

MEDICAL ASSISTANCE IN DYING
302-1711 Cook Street
Victoria, BC, V8T 3P2
Fax: 250-383-5721
Phone: 250-383-3443

REFERRAL FORM

Fillable pdf. Fax to 250-383-5721

Referral letter attached: ☐

Referring Physician: _____ MSP #: _____

Phone#: _____

Fax#: _____

Family Dr. (if different): _____

PATIENT LABEL:

Patient Name: _____

DOB: _____

PHN: _____

Address: _____

Phone #: _____

Alternate Phone #: _____

Alternate contact name: _____

Relationship: _____

Phone #: _____

Patient location: Home ☐ Hospice ☐ Hospital ☐
Hospital unit: _____

Primary diagnosis: _____

Prognosis: _____