



PHYSICIAN REFERRAL FORM

CAMP LIBERTÉ – Sunday 27 July – Friday 1 August, 2014

For children with cutaneous disorders, living in Canada

To be completed by the Dermatologist: (Please print all information)

Physician's name: _____

Office address: _____ Office phone: _____

City: _____ Cell phone: _____

Province: _____ Postal code: _____ Email: _____

I would like to recommend the following child:

Child's name: First: _____ Last: _____

Gender: Male Female Date of birth (DD/MM/YYYY): _____ Age: _____ (criteria 7 – 12)

Parent(s) names: _____ Father Mother

Home address: _____ Home phone: _____

City: _____ Business phone: _____

Province: _____ Postal code: _____ Cell phone: _____

Email: _____

Guardian name: _____ (if applicable)

Address: _____ Home phone: _____

City: _____ Business phone: _____

Province: _____ Postal code: _____ Cell phone: _____

Email: _____

Preferred language: English French

Parent(s) / Legal guardian permission to propose the child as a potential camper: Date: _____

Name (please print): _____ Signature: _____

Family Physician or Pediatrician

Name: _____ Office phone: _____

City: _____ Cell phone: _____



Brief description of child's skin condition:

1. Condition: _____

2. Extent of condition: Generalized Limited

If limited, what areas are affected? _____

3. (a) Severity of condition: Minimal Moderate Severe

(b) What is the treatment for this condition?

Skincare/hygiene: Yes No Special dressings: Yes No

Topical treatments? _____

Oral medication? _____

(c) If severe, please give full details of daily treatments:

4. (a) Additional medical considerations (e.g. asthma, severe allergies, attention deficit disorder, requires wheelchair, etc).

(b) Other treatment: Yes (Specify) No

5. Does child travel with a wheelchair? Yes No Is the wheelchair collapsible? Yes No

6. Behavioural problems: Yes No

If yes, level of severity: Mild Moderate Severe

Briefly describe condition on back of form, or separate sheet

7. Level of care required: In order to accurately assess the amount of medical staff required, please identify below the level of daily care

required by this child. Able to perform daily skin care regimen without assistance

Requires some assistance to perform daily skin care regimen Time required: _____

Requires extensive assistance to perform daily skin care regimen Time required: _____

Additional comments

Signature of Dermatologist: _____ Date: _____

Please return this form by mail no later than 25 April 2014 to:

Lyne Di Millo, Camp Liberté Administrator
 1385 Bank Street, Suite 425
 Ottawa ON K1H 8N4

Tel: (Toll free) 800-267-3376
 Fax: 866-267-2178
 Email: info@campliberte.ca

Selection will be finalized by Camp Liberté Committee by May 14, 2014.

Campers, who must be Canadian residents and should be at least 7 years old on August 1, 2014 will be selected based solely on their medical condition without bias as to any other factors.

All patient information provided will be treated confidentially, as in any medical practice.