Interior Health

Central Interior Rural Primary Care Network

Patient Label

PRIMARY CARE NETWORK REFERRAL
Central Interior Rural

☐ **Walk-in Patient**

Referral Source _____

Patient Last Name _____ Patient First Name _____

Preferred Name _____ Birth Sex _____ Legal Sex _____

DOB _____ PHN _____ Preferred Pronoun _____

Primary Care Provider _____ Email _____

Address _____ Clinic Name _____

Home Phone _____ Cell Phone _____ City _____

Name of Referral Source _____ Phone Number of Referral Source _____

Name of Person to Contact (if other than patient)

_____

Does client self-identify as Aboriginal/Indigenous? If yes, check one:

☐ First Nations Status ☐ First Nations Non-Status ☐ Métis ☐ Inuit ☐ Other

Referral to PCN		
Williams Lake	**100 Mile House**	**Service Both Communities**
☐ Social Worker ☐ Registered Dietitian ☐ Mental Health Clinician ☐ Nurse Care Coordinator	☐ Social Worker ☐ Registered Dietitian ☐ Mental Health Clinician	☐ Respiratory Therapist ☐ Occupational Therapist ☐ Clinical Pharmacist

Reason for Referral	

Send referral to the fax number below:

Williams Lake Primary Care Hub		
Address	**Phone**	**Fax**
201-143 Fourth Avenue South, Williams Lake, BCV2G 1J8	250-305-4050	250-305-4059

Permanent Part of the health record