

URGENT/COMPLEX ATTACHMENT REQUEST REFERRAL

Date:	Referring source (please include contact #):
Patient First Name:	Referring site: (LGH/UPCC/HCC/Foundry etc.)
Patient Last name:	DOB:
Email Address:	Phone:
<p><u>Attachment Requirements:</u> <i>(Please check off that patient fits all requirements)</i></p> <p><input type="checkbox"/> Patient lives in North Vancouver/West Vancouver/Bowen Island/Lions Bay</p> <p><input type="checkbox"/> Patient does not have a Family Physician or Nurse Practitioner in the community</p> <p><input type="checkbox"/> Patient is aware of this referral and understands that it does not guarantee immediate attachment and that we will follow up with them.</p> <p><input type="checkbox"/> Patient referral is either urgent/semi urgent/ or patient does not have access to internet and therefore needs to be referred rather than sign themselves up online at www.nsgplink.ca</p> <p><input type="checkbox"/> OR Patient has a combination of the following concerns; (important as this deems patient as urgent for attachment)</p> <p><i>Medical Complex: ex. Comorbidities, polypharmacy, unstable chronic medical conditions</i></p> <p><i>Psychosocially Complex: ex. Homeless, financially insecure, no emotional support, physical/emotional trauma/abuse</i></p> <p><i>Mental Health and/or substance use concerns</i></p>	
<p><u>Reason for Referral:</u></p> 	
<p><u>Patient Preferences:</u> (Check all that apply)</p>	<p><u>Physician Gender:</u> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference</p> <p><u>Location:</u> <input type="checkbox"/> North Vancouver <input type="checkbox"/> West Vancouver <input type="checkbox"/> Bowen Island <input type="checkbox"/> Lions Bay <input type="checkbox"/> Anywhere</p>
<p>Please email referral to nspatientservices@divisionsbc.ca or fax to 778-730-0630. All referrals will be sent back with confirmation or reason for being declined.</p>	
<p><i>Office use only:</i></p>	<p>Date Received:</p>
<p><i>Date Reviewed: (Notes)</i></p>	<p><input type="checkbox"/> Accepted</p> <p><input type="checkbox"/> Rejected:</p> <p><input type="checkbox"/> Has GP/NP/regular clinic already</p> <p><input type="checkbox"/> Unable to contact patient</p>