



URGENT CARE FOLLOW-UP REFERRAL

Urgent And Primary Care Centres



Form ID: MSXX107694B

Rev: November 14, 2024

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Instructions for use: Complete **all** sections. Fax completed form to patients preferred UPCC (see back for locations).

Fax all relevant medical records (e.g., typed or legible ED or hospital discharge summary) with this referral.

Note: Follow-up should occur with patient's community primary care provider. Refer to UPCCs for urgent short-term follow-up if patient is not attached to a primary care provider or as needed based on required services.

For attachment, refer to the Health Connect Registry via [HealthLink BC](#).

Referral Date (dd/mm/yyyy):		Patient preferred name:	
Patient last name:		Patient first name:	
PHN:		Date of birth (dd/mm/yyyy):	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other (specify):		Preferred pronouns: <input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/them/theirs <input type="checkbox"/> Other (specify):	
Address:			
Phone:		Alt. Contact Name/Phone:	
Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary language:	
Urgency (note: The ability to fulfill the urgency of this request is dependent on-site capacity)			
<input type="checkbox"/> High urgency (12 to 24 hours) - please contact the UPCC provider for handover			
<input type="checkbox"/> Medium urgency (24 to 48 hours)			
<input type="checkbox"/> Low Urgency (e.g., Suture removal, f/u imaging)			
Patient Disposition			
<input type="checkbox"/> Follow-up after hospital admission (Include discharge summary and call UPCC provider for handover)			
<input type="checkbox"/> Follow-up after emergency department visit			
Reason for referral			
<input type="checkbox"/> Follow-up on medical imaging Specify _____			
<input type="checkbox"/> Follow-up on lab results Specify _____			
<input type="checkbox"/> Minor wound care (also refer to Home Health for wound care needs exceeding one week) Specify _____			
<input type="checkbox"/> Suture or staple removal Specify provider order (required field): _____			
<input type="checkbox"/> Clinical Counsellor or Social Work Services Specify _____			
<input type="checkbox"/> Other reason for referral, specify: _____			
Note: The process for attachment has changed. Do not refer to UPCC for attachment, instead refer patient through HealthLink BC https://hcr.healthlinkbc.ca/s/			
Referring source (mandatory fields):			
Provider Name:	Discipline:	MSP #:	Best contact number:
Hospital:	Unit:	Unit Phone Number:	
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UPCC Main Contacts				
UPCC	Address	Main Line	After-hours	Fax
Abbotsford	2692 Clearbrook Rd, Abbotsford BC V2T 2Y8	604-870-3325	236-332-6039	604-852-1351
Burnaby - Edmonds	201 - 7315 Edmonds St Burnaby BC V3N 1A7	604-519-3787	604-519-3763	604-519-3765
Burnaby - Metrotown	102 - 4555 Kingsway St, Burnaby BC V5H 4V8	604-451-4888	604-451-4882	604-437-0149
Chilliwack UPCC	104 - 7955 Evans Rd Chilliwack BC V3R 5R7	778-704-6006	604-316-2173	604-792-0573
Langley UPCC	101 - 20651 56 Ave Langley BC V3A 3Y9	604-514-7477	236-632-7310	778-366-1616
Mission UPCC	304 - 32555 London Ave Mission BC V2V 6M7	604-814-5648	236-632-1803	604-826-0388
Port Moody	3105 Murray St, Port Moody BC V3H 1X3	604-469-3123	236-332-9801	604-469-3121
Ridge Meadows	11900 Haney Pl #121, Maple Ridge BC V2X 8R9	604-476-4650	604-614-4087	604-466-5612
Surrey - Whalley	G2 - 9639 137A St. Surrey BC V3T 0M1	604-572-2610	604-807-5264	604-580-9106
Surrey - Newton	6830 King George Blvd Surrey BC V3W 4Z9	604-572-2625	604-807-5291	778-590-6961