

ALL SECTIONS MUST BE COMPLETED AND FAXED BACK TO 604-428-6969 (3 PAGES)

Referral for Family Doctor/Nurse Practitioner

Date of referral: _____ Referrer name (main contact for application): _____
 (DD/MMM/YYYY)
 Phone number: _____ Fax number: _____ Email: _____
 Referral site (e.g. VGH Rapid Access Neurology Clinic, Raven Song Primary Care Clinic): _____
 Referral address: _____

Patient Information

Last name: _____ First name: _____ Middle name(s): _____
 Name used (if different than first name): _____ Date of Birth: _____
 (DD/MMM/YYYY)
 Gender: _____ Pronouns: _____ Identifies as Indigenous: Yes No
Personal Health Number (PHN): _____ **Active BC Medical Services Plan (MSP):** Yes No
 Home address: _____ **Vancouver, BC** _____
 Postal Code
 Phone number(s): _____ / _____ Email: _____
 Cell Home Work Cell Home Work

Alternate contact person: _____ Relation to patient: _____
 Phone number(s): _____ / _____ Email: _____
 Cell Home Work Cell Home Work

Patient Consent

I (print patient name) _____, consent to my personal and medical information being sent to the Vancouver Division of Family Practice Patient Attachment Initiative (PAI).

I understand that the PAI:

1. Will keep my information private and confidential based on the *Personal Information Protection Act*.
2. Will send my information to a family doctor/nurse practitioner (NP) in Vancouver.
3. Will **not guarantee** they can match me with a family doctor/NP. The PAI will not match me more than one time to one family doctor/NP.
4. May assess my care needs with the input of my other healthcare providers.
5. May send a survey to ask about my experience with the program. The PAI will use non-identifying health information to evaluate the program.

I confirm that:

1. I live in Vancouver and have active BC MSP.
2. I or my alternate contact person can book appointments, and I can attend them.
3. One of the following is true:
 - i) I have not had a regular family doctor/NP in Vancouver in the past 18 months.
 - ii) My family doctor/NP has retired or closed their practice.
 - iii) I am being discharged from a Vancouver Coastal Health primary care clinic. This includes Raven Song, Three Bridges, Pender, etc.

I understand that PAI is **not an urgent service**. I will also keep looking for a family doctor/NP on my own.

Signature: _____ Date: _____
 Patient Parent/guardian Substitute decision maker (POA, Rep) (DD/MMM/YYYY)

Verbal consent from referrer (if unable to obtain signed consent from patient, e.g., virtual care):

Referrer's name (print): _____ Referrer's relation to patient: _____
 Referrer signature: _____ Date: _____
 (DD/MMM/YYYY)

Other Considerations

Mobility needs (e.g. elevator access): _____ Gender preference of family doctor/NP (not guaranteed): _____

Transportation to/from appointments: Transit (bus/Skytrain/HandyDART) Drive Taxi/car share Other: _____

Does the patient speak English: Yes No If **NO**, their primary language is: _____

Interpreter declaration (if patient/parent/guardian/substitute decision maker does not understand or communicate in English):

I have accurately translated this application and acted as interpreter for the patient/parent/guardian/substitute decision maker who told me that he/she/they understand the services offered by the Patient Attachment Initiative and consents to the above information.

Interpreter name (print): _____ Signature: _____ Date: _____
 (DD/MMM/YYYY)

Additional family members living at the same address who also need a family doctor/NP (e.g. spouse and/or children who have active BC MSP)
 Provide first and last name, date of birth, relationship to patient – their match is not guaranteed:

- _____
- _____
- _____
- _____
- _____

Patient Medical Information (TO BE COMPLETED BY REFERRER)

Primary **medical** reason for needing a family doctor/NP: _____

If referral is for new parent and baby dyad, please include:

- Estimated date of delivery: _____
- Antenatal records (DD/MMM/YYYY)
- Labour and birth summary (if available)
- Newborn records (if available)

If referral is for patient with palliative care needs, please include:

- BC Palliative Care Benefits registration form (if already signed)
- Community DNR (if already signed)

Has the patient been admitted to hospital within the past month and requires follow up in the community? Yes No

If **YES**, which hospital? _____ If **YES**, reason for admission: _____

Date of admission: _____ (DD/MMM/YYYY) Date of discharge: _____ (DD/MMM/YYYY)

Medical issues requiring follow up post-discharge:

- _____
- _____
- _____

Past **medical** history (provide diagnoses below and/or fax **recent** dictated discharge summaries, outpatient consult notes, PARIS/Cerner/EMR progress notes with this information to **604-428-6969**):

Past **surgical** history (list below and/or fax **recent** dictated discharge summaries, outpatient consult notes, PARIS/Cerner/EMR progress notes with this information to **604-428-6969**):

Medications (provide here and/or fax Pharmanet medication list for the last 3 months to **604-428-6969**):

• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____

Specialists or outpatient specialty clinics (e.g. endocrinologist Dr. Smith at Diabetes Health Centre, Heart Function Clinic, etc.)

Provide specialist name and/or clinic name:

- _____
- _____
- _____

Community programs and other support services (e.g. South Mental Health Team, Evergreen Home Health for wound care, private counselling, etc.)

Provide program or service name - if any, including health authority-affiliated and private-pay options:

- _____
- _____
- _____

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PLEASE PROVIDE TERMS OF SERVICE TO PATIENT

Terms of Service (Patient Copy)

Please provide the patient with the Terms of Service. This should not be included in the referral package.

Use of Information

The Patient Attachment Initiative (PAI):

1. Will keep your information private and confidential based on the *Personal Information Protection Act*.
2. Will send your information to a family doctor/nurse practitioner (NP) in Vancouver.
3. May assess your care needs with the input of other healthcare providers.
4. May send you a survey to ask about your experience with the program.
5. May use your non-identifying information to evaluate the program.

Eligibility

You must live in the City of Vancouver and have active BC MSP. You should be able to book and attend appointments or have the support to do so. One of the following must also be true:

1. You have not had a regular family doctor/NP in Vancouver in the past 18 months.
2. Your family doctor/NP retired or closed their practice (moved to another city, etc.).
3. You are being discharged from a Vancouver Coastal Health primary care clinic (such as Raven Song, Three Bridges, Pender, etc.).

Nurse Practitioners

We refer patients to both family doctors and NPs. NPs are nurses with advanced education and training. NPs and family doctors provide very similar care. We are unable to offer you a choice between a family doctor and an NP.

Capacity Restrictions

1. We work with a small number of family doctors/NPs. This means that we are not an urgent service and cannot guarantee we will find you a family doctor/NP.
2. We will only find you one family doctor/NP. You should continue to look for a family doctor/NP on your own.
3. We will consider your healthcare needs, home address, gender preference, and if you have any family members who need a family doctor/NP when making your referral.
4. We will not refer you to a family doctor/NP based on their age, experience, ethnicity/race, country of origin, or clinic policies.

Communication

1. Please reply to our emails, texts, or voicemails within one week. We will close your file if we cannot contact you.
2. We will not find you another family doctor/NP if we lose contact with you after you are matched.
3. Tell us if you move, have changes to your health, or find a family doctor/NP before we find one for you.

Next Steps

1. Once we have received your application, we will call or email you to complete your intake assessment.
2. We may email you via a medical software called InputHealth. If so, you will need to click a link in the email to see your message. You can also call us at 604-559-8076.
3. Do not wait for us to find you a new family doctor/NP if you need medication refills or to see a healthcare professional. Access care at a walk-in or virtual clinic, urgent and primary care centre, or emergency room.
4. We will contact you once you have been accepted by a new family doctor/NP.
5. It will be **your responsibility** to contact the clinic to book your first appointment with your new family doctor/NP. Please contact them within four weeks of receiving our notification.

Note: The Vancouver Division of Family Practice does not tolerate disrespectful behaviour such as threats, sexual harassment, intimidation, shouting, discriminatory statements, and harassing or distressing comments or conduct.

This is a reference page for the patient and should not be included in their referral package.