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| **Mission Primary Care Network Allied Health Referral Form** |
| **Eligibility Criteria:**[ ] **Patient must live in Mission**[ ] **Primary Care Provider must practice In Mission****Does the patient self-identify as Indigenous?** [ ] Yes [ ]  No**Language(s) spoken:**Interpreter required:[ ] Yes [ ]  No | **Patient Name:** **Date of Birth:** **Address:****PHN:****Physician/ NP/ AHP:****Primary Phone Number:** **Email:** **Preferred method of communication:** [ ] Phone [ ] Text [ ] Email |
| **PRIMARY REASON(S) FOR REFERRALS (check all that are being requested)****SELECT ALL ALLIED HEALTH PROFESSIONAL(S) THAT APPLY** **The AHP can internally triage incoming referrals and redirect to support your patient** |
| [ ]  **CLINICAL COUNSELLOR** | [ ]  **SOCIAL WORKER** | [ ]  **PATIENT NAVIGATOR** | [ ]  **CLINICAL PHARMACIST** |
| [ ] Depression[ ]  Anxiety[ ] Stress[ ] Mood Disorders[ ] Grief & Loss[ ] Illness & Injury[ ] Comm. Skills | [ ] Self-Esteem[ ] Life Transitions[ ] Crisis Management[ ] Abuse & Assault[ ] PTSD[ ] Other: | [ ]  Safety Risk Issues[ ]  Emotional Functioning[ ]  Functional Aspects[ ] Housing[ ] Financials[ ]  Community Resources[ ] Advanced Care Planning[ ]  Other:  | [ ]  Consultative services[ ]  System Navigation challenges[ ]  Indigenous healthcare providers[ ]  Complete application forms to access to health and social services [ ]  Support for seniors and youth | [ ]  Send non-urgent referrals in Pathways (will remain in portal until new Pharmacists joins PCN). Urgent please send to UBC Pharmacists clinic via phone 604-827-2584.  |
| **Additional Information (Please include any other relevant medical history/ clinical information below to support the referral):****Does this person have safety alerts/ flags?** [ ] No[ ] Yes (if yes: please explain): **Please indicate urgency for referral:**[ ] Immediate Response (for same day response Monday – Friday, 8:30am – 4:30pm)[ ] Urgent 1 – 2 weeks[ ] Routine 2 – 3 weeks[ ] I have discussed with my patient (or their legal guardian) and they understand and agrees that their personal information will be collected, used, and disclosed to the Mission PCN Allied Health who are employees of Fraser Health Authority, for the purposes of providing patient care. [ ]  Patient consents to use [Pathways Electronic Communications](https://pathwaysbc-production-forms.s3.amazonaws.com/documents/2389/original/Consent_Form_-_4_Oct_2018.pdf?1538683528)**Referrals Accepted in Pathways Referral Tracker***Updated July 2022* |