

Indigenous Health Services C&W Staff Referral Form E311-4500 Oak Street, Vancouver BC V6H 3N1 P: 604-875-2348 indigenoushealthreferral@cw.bc.ca

FAX: 604-875-2385



## Patient gives consent to contact Indigenous Health Services USS

## Prerequisites:

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- □ Self-identified as Indigenous (First Nations, Metis, Inuit); AND
- □ Currently receiving services at C&W; AND
- □ Patient's permission to refer
- □ Contact Adolescent patient directly

IHP OFFICE USE ONLY		
	IPN SELF REFERRAL	

DATE:

Patient Name:	UNIT/CLINIC:		
Contact number (if applicable): Date of Birth: MRN/PHN:	Room/Clinic Number: Admission Date:		
Nation:	Referring Professional:		
Home Community:	Contact number:		
Name of Parent(s)/Guardian/Escort:	Primary Care Provider:		
Contact number:	Contact number:		
Primary Diagnosis/Brief History:			
<ul> <li>Inpatient</li> <li>Ambulatory</li> <li>Outpatient</li> </ul>			

Describe how the patient/patient's family would like the Indigenous Health Team to be involved:

- Cultural Support
- Emotional Support
- D Patient Advocacy
- Connection to Elder
- Appointment accompaniment
- Other (please describe):

Patient can contact Indigenous Patient Navigator directly at 604-875-2348 to self-refer Office Hours: Monday-Friday 8:30 am – 4:30 pm / No STAT coverage

We would like to acknowledging that the land on which we gather and work is the unceded ancestral territory of the Coast Salish peoples, including the territories of the x\*maðkwaýam (Musqueam), Skwxwú7mesh (Squamish), Stó:lō & Saĺílwata?/Selilwitulh (Tsleil-Waututh) Nations.