



**Patient gives consent to contact Indigenous Health Services**  YES

**IHP OFFICE USE ONLY**  
 IPN SELF REFERRAL  
  
DATE: \_\_\_\_\_

Prerequisites:

- 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

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

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

- Cultural Support
- Emotional Support
- 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**