

Vernon Urgent and Primary Care Centre

3105 28th Avenue
Vernon BC V1T 8Y4
Phone: 250-541-1097

REFERRAL FORM

Please fax to: 250-541-1098

Date: _____

Patient Information
Name: (last, first) _____
DOB: (yyyy/mm/dd) _____
PHN: _____
Phone: _____
Address: _____

Referral Source
Name: _____
Role: _____
Dept/Prog: _____
Email: _____
Phone: _____
Fax: _____

Client is aware of this referral and is ready to engage in a Primary Care relationship.

Reason for Referral & History

Current Supports
<input checked="" type="checkbox"/> Family/Friends <input type="checkbox"/> Doctor: _____ <input type="checkbox"/> Community Agency: _____ <input type="checkbox"/> WCB <input type="checkbox"/> Crisis Line <input type="checkbox"/> NP: _____ <input type="checkbox"/> Victim Assistance <input type="checkbox"/> ICBC <input type="checkbox"/> EAP <input type="checkbox"/> Psychiatrist: _____ <input type="checkbox"/> Other: _____
Details: _____

Referral Requirement
<input type="checkbox"/> Unattached to Primary Care Provider <i>Client does not have a Primary Care Provider</i> OR <input type="checkbox"/> Attached but client faces a significant barrier to access care through identified Primary Care Provider <i>(Please explain in Reason for Referral & History)</i> Name & Practice/Location of Primary Care Provider: _____

Please check all applicable	
<input type="checkbox"/> Chronic Infectious Disease (HIV, HCV, TB) <input type="checkbox"/> Substance Dependence or Misuse <input type="checkbox"/> History of Addiction <input type="checkbox"/> Mental Health Condition: _____ <input type="checkbox"/> Currently accessing services <input type="checkbox"/> LGBTQ2S+ (Lesbian, Gay, Bisexual, Transgender, Queer, Two Spirit) <input type="checkbox"/> Student (no medical coverage) <input type="checkbox"/> Ineligible for MSP <input type="checkbox"/> Economic Barriers	<input type="checkbox"/> Chronic Disease: _____ <input type="checkbox"/> Frailty Score:* <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Other: _____ *CSHA Clinical Frailty Scale (5-7) 5. Mildly Frail: with limited dependence on others for instrumental activities of daily living. 6. Moderately Frail: help is needed with both instrumental and non-instrumental activities of daily living. 7. Severely Frail: completely dependent on others for the activities of daily living, or terminally ill.

*Patient referrals are triaged by priority. Patients with urgent needs will be seen the same day.
As part of the primary care services in Vernon, the Vernon UPCC will work collaboratively to attach patients without a primary care provider and who are seeking attachment to the UPCC or within the community.*