



**Indigenous Health Services
Staff Referral Form**
E311-4500 Oak Street, Vancouver BC V6H 3N1 P: 604-875-2563
FAX: 604-875-2385
EMAIL: Indigenoushealthreferral@cw.bc.ca



PREREQUISITES:

- SELF-IDENTIFIED AS INDIGENOUS (FIRST NATIONS, METIS, INUIT); AND
- CURRENTLY RECEIVING SERVICES AT C&W AND;
- PATIENT GIVES CONSENT TO CONTACT INDIGENOUS HEALTH SERVICES

PATIENT NAME:	PHN:
DATE OF BIRTH:	UNIT/CLINIC:
NAME OF PARENT(S)/ GUARDIAN/ ESCORT:	ADMISSION DATE:
CONTACT NUMBERS:	REFERRING PROFESSIONAL:
NATION/HOME COMMUNITY	CONTACT:
	MCFD/DAA (if applicable):

PRIMARY DIAGNOSIS/BRIEF MEDICAL HISTORY:

ESTIMATED DISCHARGE DATE:

****Describe how you would like the Indigenous Health Team to be involved:**

PATIENT CAN CONTACT INDIGENOUS PATIENT LIAISON DIRECTLY AT 604-875-2348 TO SELF-REFER

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^wməθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō & Səílwətaʔ/Selilwitulh (Tseil-Waututh) Nations.