Shelter Health Hepatitis C Team
131 John Street South, Hamilton, Ontario, L8N 2C3
P: (905) 667-0474 F: (905) 389-7194
Email: info.hepc@gmail.com

HOW TO MAKE A REFERRAL TO OUR CLINIC

Thank you for referring your patient/client to our clinic for their care.

1. Fill our Referral Form below
2. Attach any blood work you may have to the Referral Form (if available).
3. Fax the Referral to: 289-389-7194. The Treatment Nurse will receive the Referral and setup an appointment with your patient/client.
4. Self Referrals are welcome. Patients can drop-in at our satellite site or we can take Referrals over the phone.
5. Please ensure your patient/client is aware and understands that a Referral is being made to our team.
6. Please indicate if your patient/client has given permission for our clinic staff to leave a voicemail message to advise of the appointment date and time to ensure confidentiality for our mutual client is maintained.

If you have any questions or require further information, please do not hesitate to contact us. We look forward to serving your client/patient.

Shelter Health Hepatitis C Team
131 John Street South, Hamilton, Ontario, L8N 2C3
P: (905) 667-0474 F: (905) 389-7194
Email: info.hepc@gmail.com

Client #:_____ (for Internal Use Only)

Referral Form
Fax this form to: 289-389-7194

First name: _____ Middle initial: _____ Last name: _____

Date of Birth: _____ Gender: _____ Ethnicity: _____

Street Address: _____

Unit #: _____ City: _____ Postal Code: _____

Phone number: _____ Alternate: _____

E-mail Address: _____

Source of income (ODSP, OW, Working. CPP) etc.: _____

SHN or family Doctor's name: _____ Health Card Number: _____

Does client have any concerns that could affect his/her treatment (i.e. mental or physical health)? _____

_____

Is patient a SHN patient? If yes, please state SHN site patient is at _____

Which of the following priority population's best describes your patient: ☐ Indigenous Peoples ☐ People involved with the correctional system ☐ People who are homeless or under-housed ☐ People who use drugs ☐ Street-involved youth ☐ Unknown

Date of Hep C Diagnosis: _____

Recent blood work attached (Y or N): _____

Referred by: _____ _____
Name Organization

_____ _____
Phone # Date