

Referral to Vancouver Community Primary Care

Central Intake Tel: 604-263-7377 Fax: **604-267-3419**
 TST (for hospital/ER referrals):
 Tel: 604-875-4945 Fax: **604-875-4551**

DATE: _____ PARIS # _____

PHN: _____

The below-named has come under the care of Vancouver Coastal Health. As permitted by the Freedom of Information and Protection of Privacy Act, we are requesting that copies of his/her records be forwarded to the fax number on the left.

CLIENT DETAILS

Name: _____ Gender: M / F / Trans DOB (dd/mm/yyyy): _____

Permanent Address: _____ City: _____ Age: _____

Home Tel: _____ (can we leave a message? Yes/No) Cell: _____ Email: _____

Primary Contact (name): _____ Relationship: _____

Telephone: _____

HEALTH CARE PROVIDER / REFERRER

Name

Specialty

Tel

Cell/Pager

DOES CLIENT MEET PRIMARY CARE CRITERIA

Client has no GP or does not engage with existing GP, AND:

- Client is aware of referral and is in agreement
- Client has 2 or more chronic conditions/ illnesses, or one severe condition that is not well managed
- Client identifies self as marginalized
- Client frequently visits ER
- Client is 24 years old or younger

PRIMARY CARE VISIT PRIORITY:

Is client at high risk for hospital admission or destabilization:

- Yes; client will be scheduled within 1 week.
- No; client will be scheduled for the next available appointment

Reason for risk of destabilization:

MEDICAL HISTORY

Please attach relevant consult reports, discharge summaries, investigation results, medication list, allergies

PRESCRIPTIONS

What length of time does the client's medication prescription cover? _____ days / _____ months

If a primary care clinician requires clarification for referral, the best phone # and time for contacting the referring health care provider is:

Date of Referral:

VC PRIMARY CARE CLINIC MANDATE

We are members of an interdisciplinary team striving to develop and deliver a client-centered, innovative, and comprehensive range of primary health care services.

These services focus on residents of Vancouver with complex health care needs and/or physical, social economic barriers, which may make it difficult for them to access primary health care services in other settings.

We collaborate and integrate with all VCH community teams (Mental Health services, Addiction services, and the Home Health and Public Health programs), other community agencies, and acute care providers to support continuity of care within a client's local health area.

Priority is placed on complex, vulnerable, and/or marginalized persons who are not well served by the fee-for service system including those living with: multiple chronic conditions, mental health problems, addictions, physical disabilities, social isolation, poverty and homelessness.

DECISION TOOL: WHO WE SERVE IN VCH PRIMARY CARE

Basic Inclusion Criteria - Primary Care Access is Intended to be Low Barrier

- Lives in one of the Vancouver CHA's*.

AND

- Agrees to being referred to VCH Primary Care

AND

- Has no current primary care provider**

AND falls within one or more of the following groups

- Is youth 24 years or less*
- Is Medically Complex presenting with chronic diseases, concurrent disorders or communicable diseases (i.e. diabetes, mental health issues, substance misuse, HIV, Hepatitis)
- LGBTQ clients who identify themselves as marginalized
- Refugee and immigrant clients with language barriers
- Clients with lower socio-economic status (i.e. Plan G, PWD, Welfare)
- Has experienced High ED use**
- Has frequent acute care admission/readmission rates **

* Youth ages 24 or less are eligible for primary care access regardless of attachment to any other provider and can choose their location or service regardless of their current address

** For a number of reason (e.g. frailty, complex social and health issues, etc., clients may be accessing ED or Acute care services at a high rate and/or experiencing challenges accessing their primary care provider in the Fee-For-Service system. These clients are a priority for primary care, especially when not connecting with another primary care provider. If they are already attached to another primary care provider, negotiated transfer may be possible on a case-by-case basis or we may be able to support ongoing relationships with Fee-For-Service Providers by informing these providers of additional VCH resources, which may better support clients in the community (i.e. Home Health, Mental Health)