

**External Referral for Primary Care at Nine Circles Community Health Centre**

**Date:** \_\_\_\_\_

**Demographics:**

Client's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

MHSC: \_\_\_\_\_ PHIN: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Currently we are accepting primary care patients who are 13 years of age or older and live in Winnipeg who meet one or more of the following criteria:**

- Belongs to a population disproportionately affected by HIV infection (currently may include men who have sex with men, people who inject drugs, people who have unprotected sex with multiple partners, people from countries where HIV is endemic)
- History of substance use disorder (including patients requiring methadone/buprenorphine substitution)
- Socio-demographic risks for having poor health outcomes (living in poverty, homelessness, limited supports or education, member of a marginalized or minority population), and/or living in the Downtown-Point Douglas area of Winnipeg

***Note: Patient must be aware and consent for referral***

**Please list any immediate health care needs:**

**Other issues:**

**Program Referred from:** \_\_\_\_\_

**Referring staff member:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

***For Office Use Only:***

**For Management**

MD: \_\_\_\_\_

RN \_\_\_\_\_ Other: \_\_\_\_\_ Notes: \_\_\_\_\_

**HCR**

**date completed and signature:** \_\_\_\_\_