

DAY HOSPITAL REFERRAL

Complete all sections of the form and forward **with required information** to:

- Deer Lodge Day Hospital Fax (204) 889-6871
- Riverview Day Hospital Fax (204) 284-5386
- Seven Oaks Day Hospital Fax (204) 632-8896
- St. Boniface Day Hospital Fax (204) 237-6674
- Health Services on Elgin Fax (204) 940-8731

Client Health Record #

Client Surname

Given Name

Date of Birth

Gender

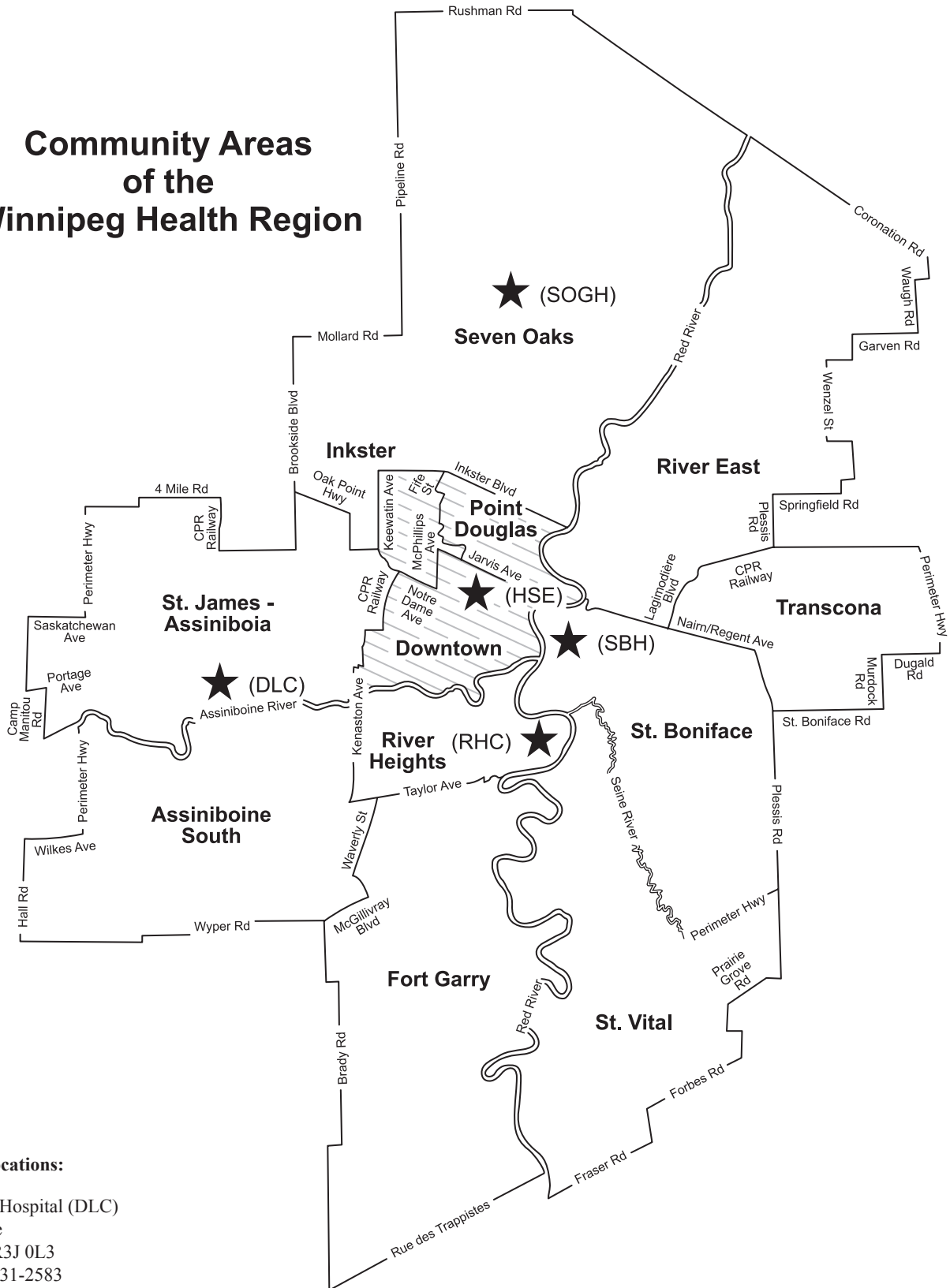
Health Care #

PHIN

Address

CLIENT INFORMATION	IS THE REFERRAL URGENT? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHY?			
	NAME OF CLIENT		LANGUAGE PREFERRED <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	ADDRESS		POSTAL CODE	PHONE #
	DATE OF BIRTH	HEALTH CARD #	PHIN	
	DD	MMM	YYYY	
CONTACT PERSON		RELATIONSHIP	PHONE #	
HEALTH AGENCIES	PRIMARY CARE PROVIDER NAME		PHONE #	FAX #
	HOME CARE CASE COORDINATOR NAME		PHONE #	FAX #
	OTHER AGENCIES INVOLVED/CONSULTED: (Attach Reports)			
	<input type="checkbox"/> GERIATRIC PROGRAM ASSESSMENT TEAM	Name: _____	Phone #: _____	
	<input type="checkbox"/> GERIATRIC MENTAL HEALTH	Name: _____	Phone #: _____	
<input type="checkbox"/> COMMUNITY THERAPY SERVICES	Name: _____	Phone #: _____		
<input type="checkbox"/> OTHER	Name: _____	Phone #: _____		
CLINICAL INFORMATION	DIAGNOSIS/ACTIVE PROBLEMS			
	PAST MEDICAL HISTORY			
	RECENT HOSPITALIZATIONS			
	CURRENT MEDICATIONS (Attach up-to-date list or annotated Drug Program Information Network)		ALLERGIES	DIET
	REASON FOR REFERRAL (What issues need to be addressed?)			
	REQUIRED INFORMATION (attach all relevant results, if available):			
	<input type="checkbox"/> SCAN/X-RAY (WITHIN LAST 6 MONTHS)	<input type="checkbox"/> OCCUPATIONAL THERAPY/PHYSIOTHERAPY ASSESSMENT		
	<input type="checkbox"/> RECENT EKG	<input type="checkbox"/> SPECIALIST ASSESSMENTS/CONSULTATIONS/DISCHARGE SUMMARIES		
	<input type="checkbox"/> ANY OTHER APPROPRIATE LAB VALUE	<input type="checkbox"/> SOCIAL INFORMATION		
	PATIENT IS AWARE AND IN AGREEMENT WITH THIS REFERRAL <input type="checkbox"/> YES <input type="checkbox"/> NO PRIMARY CARE PROVIDER AWARE <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF REFERRING AGENCY		REFERRAL COORDINATED BY	PHONE #	
SIGNATURE OF REFERRING SOURCE		DATE OF REFERRAL		
		DD	MMM	
		YYYY		

Community Areas of the Winnipeg Health Region



Day Hospital Locations:

Deer Lodge Day Hospital (DLC)
2109 Portage Ave
Winnipeg, MB R3J 0L3
Phone #: (204) 831-2583

Health Services on Elgin (HSE)
425 Elgin Ave
Winnipeg, MB R3A 1P2
Phone #: (204) 940-1637

Riverview Day Hospital (RHC)
1 Morley Ave
Winnipeg, MB R3L 2P4
Phone #: (204) 478-6262

Seven Oaks Day Hospital (SOGH)
2300 McPhillips Street
Winnipeg, MB R2V 3M3
Phone #: (204) 632-3106

St. Boniface Day Hospital (SBH)
69B Goulet Street
Winnipeg, MB R2H 0R5
Phone #: (204) 953-6400

Catchment Areas

DLC:	St. James-Assiniboia & Assiniboine South
HSE:	Inkster, Point Douglas & Downtown
RHC:	River Heights & Fort Garry
SBH:	Transcona, St. Vital & St. Boniface
SOGH:	River East & Seven Oaks, Inkster