Niagara Health System
Système De Santé De Niagara

Hepatitis C Care Clinic

Port Colborne General Site / New Port Centre
Port Colborne, ON L3K 2N7
Phone: (905) 378-4647 Ext. 32554
Confidential Fax: (905) 834-6014

Main Clinic
260 Sugarloaf Street, Port Colborne

Satelitte Clinic
4 Adams Street, St. Catharines

REFERRAL FORM

Date (dd/mm/yy):_____

RE: Client Name: _____ **Address:** _____

D.O.B.: _____ _____

HCN: _____ _____

Home Phone #: _____ **(Ok to leave message yes____ no_____)**

Cell Phone #: _____ **(Ok to leave message yes____ no_____)**

Fax number of referring Healthcare Provider: _____

******Once your referral has been received an appointment (s) will be scheduled and we will fax details to your office******

Reason for referral and pertinent information you feel our clinic should know:

_____

_____

_____

Past Medical or Mental Health History:

_____

_____

_____

Lab Work: Please attach recent CBC, liver enzymes, liver function tests, HIV status, Hepatitis A, B, C lab work if available, not compulsory for referral.

X-rays, ultrasounds: Please attach any available reports

Medications: _____

Regards,

_____

(Physician / Healthcare Provider Signature)