

Request for Referral to Hepatitis C Care Clinic

Main Clinic Location
Port Colborne Site / New Port Centre
260 Sugarloaf Street
Port Colborne, ON L3K 2N7
Phone: 905-378-4647 Ext. 32554
Confidential Fax: 905-834-6014

Welland Satellite Clinic
Welland Hospital Site
65 Third Street; Welland, ON L3B 4W6

Fort Erie Satellite Clinic
Douglas Memorial Site
238 Bertie Street; Fort Erie, ON L2A1Z2

St. Catharines Satellite Clinic
264 Welland Avenue
St. Catharines, ON L2R 2P8

Niagara Falls Satellite Clinic
Greater Niagara General Hospital Site
5546 Portage Road; Niagara Falls, ON L2E 6X2

Date: _____ (dd/mm/yyyy)

Name: _____ Address: _____

Date of Birth: _____ (dd/mm/yyyy) _____

Health Card No.: _____

Home Phone: _____ (OK to leave message? Yes No)

Cell Phone: _____ (OK to leave message? Yes No)

Fax Number of referring Health Care Provider: _____

*** ONCE YOUR REFERRAL HAS BEEN RECEIVED, AN APPOINTMENT(S) WILL BE SCHEDULED AND WE WILL FAX THE 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:

Signature Referring Physician / Health Care Provider



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