

Client Health Record #

Client Surname

Given Name

Date of Birth

Gender

Health Card #

PHIN

Address (home visits only)

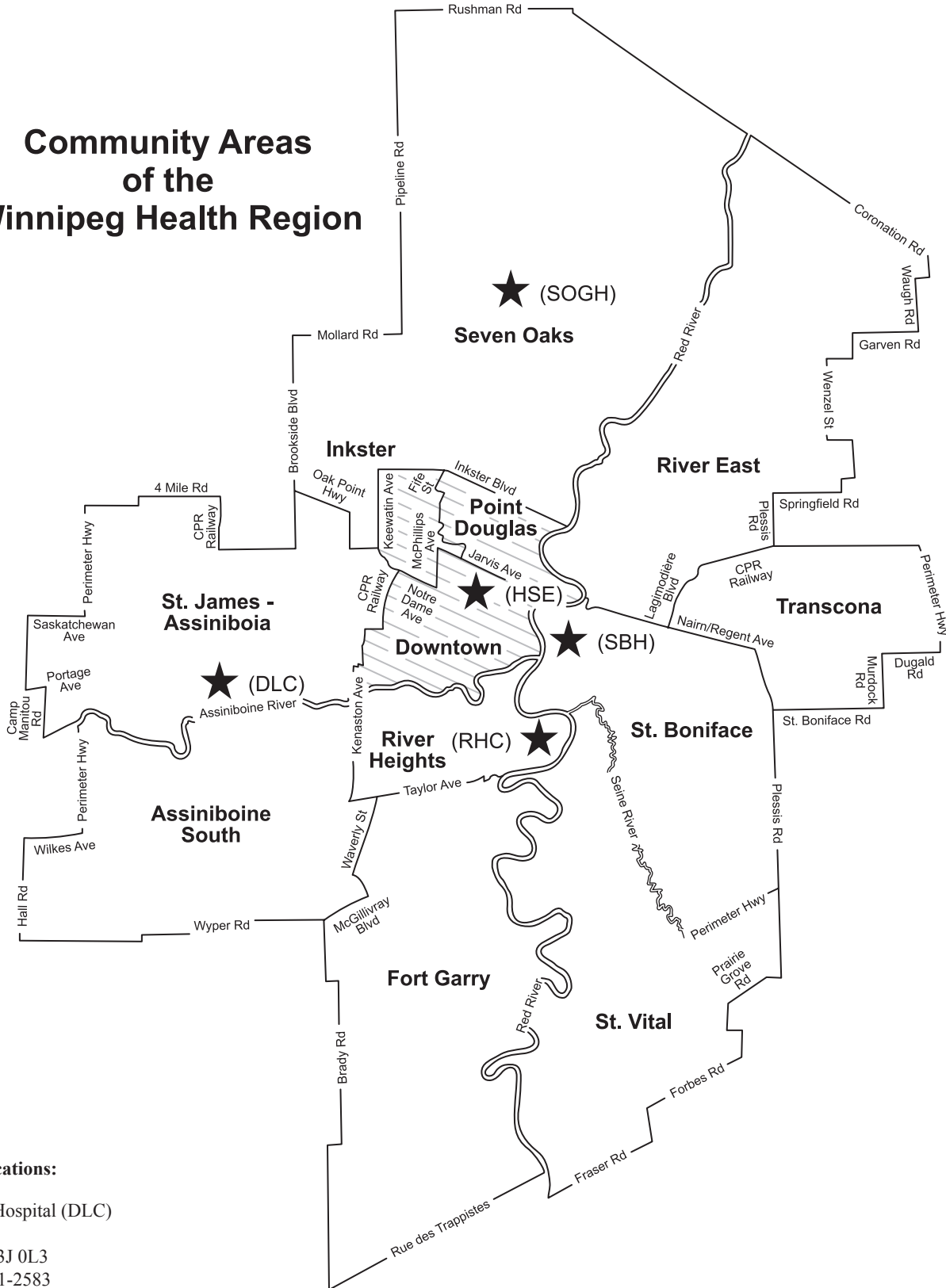
DAY HOSPITAL REFERRAL

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 for the Elderly Fax (204) 940-8731

CLIENT INFORMATION	IS THE REFERRAL URGENT? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHY?										
	NAME OF CLIENT					LANGUAGE					<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	PHYSICIAN NAME					PHONE #			FAX #		
	HOME CARE 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					PHYSICIAN 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 for the Elderly (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