Saskatchewan Health Authority

Positive Living Program
Royal University Hospital
103 Hospital Drive
Saskatoon, SK S7N 0W8
Phone: 306-655-1783
Medical Director: Dr. S. Sanche

Saskatoon Community Clinic-Westside
1528 20th Street West
Saskatoon SK S7M 0Z6
Phone: 306-664-4310

Medical Director: Dr. M. Markentin

Hepatitis C Virus Referral Form

Our clinics provide assessment, treatment, education, and support for those who have been diagnosed with Human Immunodeficiency Virus (HIV). Each clinic endeavors to notify patients of a confirmed appointment time within 3 months. **For emergency cases, call hospital switchboard at 306-655-1000 and ask them to page Infectious Disease (ID) on call.**

Please ensure the following blood work results accompany this form: ☐ **HCV Viral Load** ☐ **HCV Genotype** ☐ **ALP/AST/ALT/GGT** ☐ **CBC**

Referred by: _____ Phone: _____ Fax: _____

Date: _____ Regular GP/NP: _____ **HSN:** _____

Patient's Legal Name: _____ **Preferred Name**: _____

DOB: _____dd/ _____mm/____ yyyy **Gender**: ☐ Male ☐ Female ☐ Transgender **Pronouns:** _____

Address: _____ or ☐ No permanent address

City: _____ **Province**: _____ **Postal Code**: _____

Patient Phone: Preferred #_____ Alternate #_____

Email: _____ ☐ On Reserve (specify) _____ ☐ Off Reserve

Does the patient have any active symptoms? Check/circle all that apply:

☐ Fatique ☐ Jaundice
☐ Ascites ☐ Other: _____

Does the patient have any co-morbidities? e.g. HIV ☐ No ☐ Yes _____

Does the patient have any of the following factors? Check/circle all that apply:

☐ Pregnant ☐ Abusive Relationship ☐ Incarcerated (Fed/Prov) Release Date: _____
☐ Cognitive/Physcial Impairment (specify) _____
☐ Immigrant/Refugee ☐ Language Barrier/Spoken (specify) _____

Is there a preferred site for this patient? ☐ Royal University Hospital ☐ Saskatoon Community Clinic – Westside
☐ Dr K. Stewart (Saskatchewan Infectious Disease Care Network (SIDCN) Avenue F Clinic or Avenue P Clinic

***All patients must be advised of their diagnosis and referral prior to transmitting this form**
_____ (initial to confirm completed)*

FAX form to: 306-655-0614