



## 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:

- Fatigue  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/Physical 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**