



HIV 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 lab results accompany this form: HIV Ab CD4/CD8 HIV Viral Load CBC
 Pregnancy Test (in all women of child-bearing age)
HIV Notification Form completed: No Yes (if yes, attach copy)

Referred by: _____ **Phone:** _____ **Fax:** _____

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

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

DOB: ___/___/___ **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:

- Fever / night sweats / weight loss
- GI: thrush / anorexia / nausea / vomiting / diarrhea / difficulty swallowing
- Respiratory: cough / dyspnea
- Current Antiretroviral Therapy (ART)
- CNS: headache / stiff neck / focal deficits / cognitive impairment
- Change in vision
- Other: _____
- No Yes (Drug Name(s)) _____

Does the patient have other co-morbidity? e.g. HCV No Yes _____

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

- Pregnant – No/Yes; Date of Last Menses: _____
- Incarcerated (Fed/Prov); Release Date: _____
- Immigrant/Refugee Language Barrier/Spoken (specify) _____
- Abusive Relationship
- Physical Impairment (specify) _____

Is patient linked to Case Management or Social Work? Unknown No Yes (who?) _____

Is there a preferred site for this patient? Royal University Hospital Saskatoon Community Clinic – Westside

***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