NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA

HEPATITIS C CARE CLINIC REFERRAL FORM

Hepatitis C Care Clinic
Port Colborne General Site / New Port Centre
260 Sugarloaf St.
Port Colborne, ON L3K 2N7
Phone: (905) 378-4647 Ext. 32554
Confidential Fax: (905) 834-6014

Date (dd/mm/yy):_____

RE: Client Name:_____ **Address:**_____
D.O.B.: _____ _____
HCN: _____ **Phone:** _____

Reason for referral:

_____
_____
_____

Past Medical or Mental Health History:

_____
_____
_____

Lab Work: Attach recent CBC, liver enzymes, liver functions, HIV status, Hepatitis A, B, C lab work if available, not compulsory for referral.

X-rays, ultrasounds: Please attach reports if available

Medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Regards,

_____
(Physician / Healthcare Provider Signature)