



Positive Wellness North Island

North Island Liver & HIV Services

375 2nd Ave, Campbell River, B.C. V9W 3V1
Telephone (250) 286-7152 Fax 250-286-7103

Physician's Referral Form

Last Name (Please print)	First Name	Date of Birth (yyyy/mm/dd)	Telephone
Address			PHN

Reason for Referral: _____

Requested Services:

NORTH ISLAND LIVER SERVICES

1-Viral Hepatitis Assessment by Specialist

- Dr. Mahoney (Campbell River)
- Dr. Nel (Comox Valley)

2-Nursing Support Only

- Education, Immunization, Counseling, Support by Nurse
- Nursing Treatment Support (Viral hepatitis followed by Dr. _____)

NORTH ISLAND HIV SERVICES

1-HIV Assessment by Specialist

- Dr. Forrest (Regional)

2-Nursing Support Only

- Education, Immunization, Counseling, Support by Nurse
- Nursing Treatment Support (HIV followed by Dr. _____)

If available please attach results (only if not available in Powerchart):

VIRAL HEPATITIS

- Available hepatitis serology
- CBC, Platelets, INR
- Abdomen Ultrasound
- Liver Biopsy
- Related Immunizations
- Previous viral Hepatitis Consultation

HIV

- CD4 (current & history)
- Viral load (current & history)
- Recent CXR or TST results
- Related immunizations
- STI screening results
- Viral Hepatitis Serology
- Previous HIV Consultation

***Attach only if not available in Powerchart.**

General Health History: _____

Current Medications: _____

Physicians Signature: _____ Date: _____