



Positive Wellness North Island

North Island Liver Services & HIV Services

375 2nd Ave Campbell River, B.C. V9W 3V1
Phone: 250-286-7152 Fax: 250-286-7103

Self/ Agency Referral Form

Date: _____

Name: _____ Care Card #: _____

Address (if available): _____

Telephone Contact: _____

Email address: _____

Birthdate: _____

Texting Preferred: Yes / No OK to leave a message: Yes / No

Living Situation:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Outside |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Other |

Health Status:

- | | |
|------------------------------|--------------------------------------|
| <input type="checkbox"/> HCV | <input type="checkbox"/> Co-infected |
| <input type="checkbox"/> HIV | <input type="checkbox"/> HBV |

Referred for the following; Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Nursing Support | <input type="checkbox"/> Resources |
| <input type="checkbox"/> Education | <input type="checkbox"/> Counseling/ Advocacy |
- Other _____

Referred By: _____

If other than self, please include name and / or agency referring:

Is there anything you'd like us to know in advance?
